WCS Care Group Limited

Castle Brook

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Castle Brook is a care home. The maximum number of people the home can accommodate is 86. The service is delivered over three floors, which are subdivided into six individual households for up to 14 people. One household is a 're-enablement' unit for people who have been discharged from hospital but need further therapeutic input to build up their strength and mobility. Each household has their own communal lounge, kitchen and dining areas and people have access to the shared facilities in communal areas throughout the home. There were 82 people living at the home at the time of our inspection visit, some of whom were living with dementia.

People's experience of using this service and what we found
There were enough staff to ensure people's needs were met in a timely way and staff were available in communal areas, should any assistance be needed. There were systems to assess, monitor and mitigate the risks relating to the health and welfare of people who used the service. Staff had completed safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm, neglect and discrimination. Staff followed good hygiene practices and the home was visibly clean and there were no unpleasant odours. The electronic medication administration record (EMAR) did not always accord with medicines in stock which meant we could not always be assured people had received their medicines as prescribed. Systems were not robust enough to demonstrate medicine was effectively managed.

People's needs and choices were assessed before they moved to the home and their care was delivered in accordance with current legislation and guidance. New staff members were provided with effective support when they first started work at Castle Brook and a programme of regular training updates supported staff to keep their skills and knowledge up to date. Staff worked in partnership with a multi-disciplinary team to enable people to live healthier lives, re-habilitate after a stay in hospital or manage long term medical conditions. People were supported to eat and drink enough to maintain a healthy diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Managers and staff worked in accordance with the provider's approach to care which was to make 'Every Day Well Lived'. People and their relatives continued to be happy with the caring attitude of staff and the friendly and welcoming atmosphere within the home. Staff and managers understood the importance of promoting equality and human rights as part of a caring approach.

Care records contained enough detail to support staff to deliver person centred care in accordance with people's preferences and wishes. Person centred activities that encouraged physical, mental and social stimulation were an important aspect of the care provided at Castle Brook. End of life care plans were in place for those people who wished to engage with staff regarding end of life care planning. The provider supported people to spend their final days with dignity and pain free.

Since our last inspection the provider had worked with people and staff to ensure their values were understood and people had positive outcomes. People and staff were positive about a more cohesive and responsive management team who were more visible and spent time listening to people and staff. The provider worked in partnership with other organisations to support care provision and service development.

For more details see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Requires Improvement (published 9 January 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Castle Brook

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. An acting home manager had been appointed and was in the process of becoming registered with us having submitted their application in November 2019. However, this was only to be a temporary measure until a new permanent manager had been appointed.

Notice of inspection
The first day of our inspection was unannounced. The second day was announced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with 19 people who used the service and 10 relatives/visitors about their experience of the care provided. We spoke with 20 members of staff including the acting home manager, the deputy manager, three care managers, a duty manager, a care co-ordinator, three team leaders, five care assistants, a lifestyle coach, the hotel services manager, a cook, a hostess, a housekeeping assistant and an agency housekeeping assistant. We also spoke with the nominated individual, the director of quality and compliance and the director of innovation and delivery. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and four medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with one external healthcare professional who was based at the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● The electronic medication administration record (EMAR) showed people did not always receive their medicines as prescribed. We completed a stock check of four people's medicines and found discrepancies in each. We found many examples of where there were more medicines in stock than people's EMAR indicated, and one example where there was not enough stock to complete the cycle. We found no evidence people had been harmed, but systems were not robust enough to demonstrate medicine was effectively managed.

● Some people were prescribed topical creams and records clearly showed where these needed to be applied and when. The date of opening had not been always recorded in accordance with good practice. This is because some topical creams are subject to environmental contamination and have a shorter expiry date once opened. However, risks were mitigated because all creams were replaced every 28 days as part of the routine stock cycle.

● We discussed these issues with the home manager who told us a thorough investigation would be conducted immediately. Following our inspection, they confirmed staff had undergone additional training and more robust systems had been implemented to reduce the likelihood of this happening again.

● Other aspects of medicines management were safe. For example, drugs which required stricter controls, medicines given through patches applied directly to the skin and time specific medicines were all managed well. Guideline were in place to ensure staff gave 'as required' medicines appropriately and consistently.

Systems and processes to safeguard people from the risk of abuse

● Staff had completed safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm, neglect and discrimination.

● Staff had confidence in the provider's whistleblowing and safeguarding policies and procedures because when they had raised concerns, managers had listened and taken action. One staff member told us, "Everybody can whistleblow because we have to make sure everybody is safe. The management listen to anything you bring to them and take action straightaway." Another staff member commented, "Managers would 100% listen and take action to make sure people are okay. They really care about people's welfare and that is why they are here."

Assessing risk, safety monitoring and management

● There were systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.

● People's care records included assessments of specific risks around people's medical and mental health needs. Staff had a good understanding of their role in managing risks to keep people safe.

● One person had recently become very poorly and was now cared for in bed. The person needed to be regularly repositioned to prevent their skin becoming sore. Completion of the records to confirm the person was being repositioned as required had not become embedded in staff practice. The home manager assured us they would remind staff of the importance of accurate recording.

Staffing and recruitment

● People and relatives told us they felt safe at the home because there were always staff around to support them. One relative explained, "[Name] is always kept an eye on. There is always somebody around. The staff look after them and they know where they are. It is just excellent care and attention." Another relative said, "They are well staffed to cater for all the residents."

● Staffing levels were within the identified ranges set by people's dependency levels. The provider still used agency staff to cover some shifts, but they assured us the use of agency was beginning to reduce. This was supported by one visitor who told us, "I am very pleased to say the agency staff are much less because I think people need continuity. The use of agency staff is much better than it was six months ago."

● During our inspection visit we saw people's needs were met in a timely way and staff were available in communal areas, should any assistance be needed. Staff told us they had time to assist people at their own pace and to support people who needed closer supervision.

● New staff told us they were unable to start working with people until the provider had received all required pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] and satisfactory references. This prevented unsuitable staff from working with vulnerable adults.

Preventing and controlling infection

● The service was visibly clean and there were no unpleasant odours. One relative commented, "It is clean, bright and airy and the toilets are always clean which I think is a good sign."

● There was a stock of gloves and aprons for staff to use and we saw them wearing them, such as when preparing to support people with their personal care needs.

● Staff had received training in food hygiene and infection control and understood their role in minimising the risks of infections spreading. One staff member explained, "It is important we don't transmit infection from one person to another. We wear aprons, gloves and make sure we use red bags for anything soiled."

Learning lessons when things go wrong

● All accidents and incidents were recorded including any actions taken. Managers were responsible for monitoring these incidents and addressing any learning or improvements required to prevent similar problems from arising again.

● The provider had identified improvements needed to be made in the analysis of accidents and incidents and this was being addressed by the home manager.

● Staff told us the home manager had a robust approach to supportive learning from adverse incidents.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records included information about their capacity to make their own decisions and those who were responsible for supporting them.
- Staff received training in MCA and DoLS. They understood the importance of gaining people's consent and when to act in people's best interests when they lacked capacity to make a decision. One member of staff explained if a person declined support with personal care, "You encourage, and maybe try different staff with different approaches. If they still wouldn't let us help them, we would have to act in the best interests of the person and if that was happening regularly, we would have to go to a DoLS."
- Staff worked in the least restrictive way possible and people were able to move around the home freely and choose where they wanted to be. One relative told us, "What I was very pleased about is that everybody can wander everywhere. If you want to go off in the lift to the third floor, you can."
- Where care plans contained restrictions on people's liberty to keep them safe, there were valid authorisations in place from the local authority. The home manager ensured any conditions on authorisations had been met in a timely way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs and choices were assessed before they moved to the home to ensure staff and the home environment could meet their needs safely and effectively.
- Information from the assessments was used to develop plans of care which were updated regularly to

ensure people received the care they both needed and wanted.
● People's care was delivered in accordance with current legislation and guidance. For example, recognised tools were used to assess people's risks of not eating or drinking enough, developing sore skin or falling because of poor mobility.

Staff support: induction, training, skills and experience
● New staff members were provided with effective support when they first started work at Castle Brook. They completed an induction to the service and staff new to care started working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care staff to work to.
● During the induction period staff spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. One new member of staff told us, "The two weeks shadowing really helped me get to know people and it helps people get to know us before we have to do things like personal care. It helps people feel comfortable."
● A programme of regular training updates supported staff to keep their skills and knowledge up to date and relevant to the needs of the people they supported. For example, one person had recently moved into the home who was epileptic. Staff supporting the person had completed further training to make them more aware of the risks associated with epilepsy.
● Staff felt supported and had opportunities to meet with their managers to discuss their personal development. One staff member explained, "I think the training here is very good. I came here without having any experience at all. It really did help me to become a good carer. I started without knowing a thing and now I am doing my level 2. They have invested in me to do that."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff worked in partnership with a multi-disciplinary team to enable people to live healthier lives, re-habilitate after a stay in hospital or to manage long term medical conditions.
● Managers regularly met with other healthcare professionals to ensure effective, co-ordinated care and to discuss issues so people's medical needs were met.
● A healthcare professional told us staff were good at following their advice to achieve the best outcomes for people. They commented, "The staff are really in the rehab mind set. If we tell them a person can wash themselves, they will let them do it. We try to get a lot of people as independent as possible as soon as possible, and the staff try and support what we do."
● The provider followed a 'red bag policy'. This meant in the event a person had to be admitted to hospital, documents which informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing were sent with them.
● The home manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. Each person had an oral care plan which recorded what level of support people needed to maintain their oral health.
● Managers and staff worked to ensure any transition to and from the service was as smooth and stress free as possible for people. For example, those people returning home after a period of rehabilitation were given a bag of essentials such as milk, tea and soup to ensure their immediate nutritional needs were met.

Supporting people to eat and drink enough to maintain a balanced diet
● The provider used a mixture of freshly cooked meals and frozen ready prepared meals. Overall, people were positive about the quality of the food, but some people told us they preferred freshly cooked meals. Comments included: "It is not bad at all", "The food is very good", "It is not brilliant, most of it tastes the same" and, "It varies."
● We discussed this with the director of innovation and delivery. They told us that whilst they were confident

in the nutritional balance of the ready prepared meals, they had listened to what people said. The presentation of meals was being improved and more fresh vegetables were being added to the menu.
● Managers and staff worked with other healthcare professionals such as speech and language therapists and dieticians to make sure nutritional risks were managed and specialised diets were catered for. People's dietary requirements such as soft or pureed diets were known to all staff who made sure menus catered safely for each person.
● Regular drinks were provided throughout the day. Snack bars were available on each household so people could help themselves.
● Staff recorded what people ate and drank to ensure they remained healthy. People's drinks were recorded electronically. This meant staff could check throughout the day and at the handover between shifts whether people needed to be encouraged to drink more.

Adapting service, design, decoration to meet people's needs
● People had their own rooms, which they could personalise to their individual tastes and spend time in private with family and friends.
● People had access to a variety of indoor areas which were decorated with items to engage and stimulate their interests. There was a garden which people could access safely.
● The provider regularly reviewed the facilities to ensure they were accessible to all. For example, changes had been made to ensure the 'bowling green' was accessible to people in wheelchairs.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- Managers and staff worked in accordance with the provider's approach to care which was to make 'Every Day Well Lived'. One staff member explained. "It is all about supporting everyone and having fun with people. Why should people stop having fun just because they are living in a care home." Another staff member said, "I absolutely love it here. In my eyes there is no better place and we make every day count for people."
- People and their relatives continued to be happy with the caring attitude of staff and the friendly and welcoming atmosphere within the home. Comments included: "It is lovely here, jolly good, we're very lucky to have this", "They're very caring here" and, "We have never had a problem with the care staff, they're very loving towards [name]."
- People felt valued because staff took every opportunity to engage with them as they met in communal areas or went about their duties. One person told us, "Everybody knows your name and they always greet you." A relative confirmed, "They are very caring. We go down to the little café and every staff member who comes past always stops and says 'Hello [Name], how are you today' and the staff will give him a hug and a kiss on the cheek."
- Staff told us they enjoyed being at work because they could make people feel they mattered by spending time talking and laughing with them. They also understood that a cheerful and positive attitude could improve people's enjoyment of their day. One staff member explained, "One of my residents said to me the other day, 'smiling is contagious, and frowning is contagious'. If staff are happy, people will pick it up from you."
- Staff understood an important aspect of caring for people was to learn about people's backgrounds and life experiences, so they could understand what was important to them. One staff member explained, "Some of these people have valuable experiences and it makes their day if you know things about them. it makes them feel valued and important."
- This approach was appreciated by people who felt staff respected them as individuals. One person told us, "There is no intrusion here. Staff adapt their approach to people's personalities, they suss you out." Another person commented, "They treat us as individuals, you can talk to them and they listen."
- Some people had developed very caring and trusted relationships with staff. For example, when one member of staff came on duty, two people immediately responded to the staff member by smiling and holding out their arms for a hug. One staff member told us, "It is all about valuing the resident. They are important people and we need to put them first and treat them well. We will always be there for them at a time they need it most."

● Relatives told us the caring and compassionate attitude of staff extended to families and visitors. During our inspection, two relatives visited a person at lunch time. Staff invited them to join their family member for lunch which made it a special occasion for them all. One relative confirmed, "They seem kind here, they come and talk to us which is nice and always greet us when we come to visit."
● The home manager led by example in modelling a caring and thoughtful approach to people. One person was distressed and chose to take the lift unaccompanied from the second floor to the ground floor. When we arrived on the ground floor a few moments later, the home manager was walking arm in arm with the person and taking them to the café. The person was smiling and much more relaxed.
● Staff and managers understood the importance of promoting equality and human rights as part of a caring approach. Staff told us they were supported by the provider to work in a caring way, which focussed on treating people equally and in ways they would want themselves or their families to be treated. One staff member told us, "We are not all the same. You can't treat people exactly the same as they have different needs and preferences about how they like to be treated. It is an inclusive culture where we respect people's differences."
● People were encouraged to stay as independent as possible to promote their privacy and dignity. One person was very happy they had a key to their bedroom, so they could be assured of their own private space. Another person was pleased staff enabled them to remain independent with aspects of their personal care. A staff member explained, "Anything a person is capable to do, we allow them to do. We are not here to take their independence away."
● Longstanding staff told us they were much happier in their role because they felt more supported and confident in the leadership of the home. One staff member explained, "If the staff are happy, people are happier, and it ensures we are delivering the best possible care at all times for them."

Supporting people to express their views and be involved in making decisions about their care
● People's care records demonstrated people's views and preferences were valued and used to plan their care. One relative told us, "[Name] has always been involved in deciding her own care." Another person had been supported to write part of their own care plan.
● Staff knew what support people needed to make their own day to day decisions. One staff member told us, "We strive to let the residents make choices for themselves and that is all in the person-centred approach. With food we will take two plates of food to them to see which is the most appealing to them."
● People's individual preferences were supported when they received personal care from staff. For example, some people preferred personal care from staff of the same gender and the provider respected these choices.
● Managers and staff recognised when people may need additional support to make decisions. Where a need was identified, they supported people to access independent advocacy services to ensure people's views were heard and their decisions respected.

Good

Is the service responsive?

Our findings

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

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

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

- Care records contained enough detail to support staff to deliver person centred care in accordance with people's preferences and wishes. For example, information was contained in care records about what clothes people preferred to wear, what interests and hobbies people enjoyed and what support they needed to maintain their emotional wellbeing.
- Staff told us they were able to respond to people's emotional needs during times of anxiety and distress because they generally worked on the same households and had time to get to know people well. One staff member told us, "If they are anxious and upset, if you know the person and their past, you can sit down and reassure them." A person confirmed, "They know what we like, we usually have the same staff look after us. We can ask for anything, I just ask for what I want, they know us well."
- However, some people and relatives felt a large number of new staff over recent months had impacted on how people responded to staff. Comments included: "New staff didn't know [name], how he is and his little foibles. They are getting used to him and he is getting used to them because he is not very good with strangers. Until they become friends he won't let them help him" and, "We have had a few issues with the changing of care staff all the time. We would have liked more continuity for that reason. Sometimes [name] gets a bit upset because she doesn't know them." The home manager was confident this issue was already resolving because new staff who had completed their induction were now regularly supporting the same people.

Meeting people's communication needs

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

- People had clear communication care plans which detailed their specific needs. For example, whether they had good eyesight, or whether they needed glasses and when these should be worn. Also, information was included on people's cognitive skills and what support they needed to understand questions and respond.
- Where people or staff needed support to access information, such as documents in a large print format, these were available from the provider.

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

- Person centred activities that encouraged physical, mental and social stimulation were an important

aspect of the care provided at Castle Brook. Information about people's individual hobbies was used to develop meaningful activities which interested people and encouraged them to engage in. For example, in response to feedback, people had recently formed their own choir.

● Other opportunities for engagement included exercise classes, knitting and crocheting, a dominoes group, bowling, table tennis and time outside in the fresh air. One person told us, "They have got a bike which is excellent in the summer. It gets you out in the fresh air for a bit and they have trips out in the coaches."

● On the first day of our inspection there was a visiting entertainer and on the second day there was a carol service led by a visiting minister. Both occasions were well supported, and people demonstrated by their smiles and positive responses that they enjoyed the events.

● The lifestyle lead said helping people participate was a holistic approach. They said other staff supported them to ensure everyone in the home had the opportunity to engage in the activities and events to prevent social isolation. They explained, "I usually say, 'give it a go', and if they don't like it, that is fine and we will then try and do something that is specifically for them, so they are not being left out."

● Staff were responsive when they knew what was important to people. For example, one person used to play county cricket and had been taken to watch a cricket match. Another person used to teach music and a staff member regularly brought their saxophone in to play for them. Another person with an interest in art had started an art class.

● Staff understood that any engagement with people could become an activity that was meaningful to that person. One staff member told us, "Play is all about activities and engaging people. Even sitting with someone and talking about their past life, taking people for a coffee; everything we do is an activity."

End of life care and support

● The provider supported people to live their final days pain free and with dignity. At the time of our inspection visit, two people were reaching the end of their life. The provider had liaised with healthcare professionals to ensure people had the care and anticipatory medicines they needed to enable them to comfortably spend their final days at Castle Brook.

● End of life care plans were in place for those people who wished to engage with staff regarding end of life care planning. This included information about whether people wanted any medical interventions at certain points in their care, and whether they had any cultural or spiritual wishes.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy and procedure in place. Overall, people and relatives were confident to raise any concerns they had about the quality of care provision. One relative had recently commented, "Any 'settling in' issues that I raised with the staff were addressed immediately. I never had to raise an issue for a second time."

● The provider took appropriate action in response to complaints. The complaints records showed the provider had recorded a high number of complaints because they responded to concerns, however minor, in accordance with their formal complaints procedure. This ensured any trends emerging through 'concerns and grumbles' could be dealt with before they escalated further.

Good

Is the service well-led?

Our findings

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

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

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

- Since our last inspection the provider had returned 'to basics' to ensure all staff understood the values which underpinned the care people received at Castle Brook. Staff had received further training and support and were consistent when speaking of the provider's visions and values and their motivation to provide care that improved outcomes for people. One senior member of staff told us, "I came here because of the values, make someone's day, play, choose your attitude, be there. I make sure all staff are invested into these values every single day."
- People had been asked for their views on what the provider's care model of 'a day well-lived' meant to them and what they expected from it. One person had responded, "I just want someone to come to my room and have a laugh especially when I am not happy. Every person that you meet will either make my day or worsen my day." A member of staff discussed these responses with us and explained, "And that drives where we are going to." Another told us, "We celebrate everyone is different and the values will mean something different to each person, but the at the core they remain the same."
- Since the last inspection the provider had continued to develop and improve the service by introducing new initiatives. For example, they had recently introduced the role of a care manager on each of the three floors. Care managers worked alongside staff in a supportive role, ensuring they implemented best practice. One staff member explained the positives of the new role. They said, "Rather than us looking around for a duty manager who was trying to deal with every problem in the building, we have one care manager who is responsible for the residents on that floor." This meant issues could be responded to quickly to ensure people received the care they wanted.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other organisations to support care provision and service development. For example, the provider was in consultation with other healthcare professionals to provide them with a 'base' at Castle Brook to better support the local community.
- The provider was committed to improving the care people received and recognised the value of research. The provider had recently contributed to a research project on the use of digital and data driven technology to improve outcomes for people in health and social care. They were also supporting a local university in their research into areas such as the impact of gardening and outdoor activity on physical and mental health.
- The service acted as a model for other providers within the healthcare sector. Through their innovation hub the provider shared good practice in relation to acoustic monitoring to keep people safe, circadian

lighting to improve people's sleep cycles and the electronic sharing of information to improve people's pathway between services.
● Members of the senior management team regularly attended conferences and meetings at home and abroad to share learning and encourage innovative thinking to support an aging population.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The home manager told us they recognised the importance of making themselves available to people, relatives and staff. They had an 'open-door' policy, so people could speak with them when needed.
● People and staff particularly told us that relocating the home manager's office by the reception, café and shop had made managers more accessible to people. One staff member explained, "[Home manager] is here nearly every day, even at weekends and he is always in reception and that reassures relatives that the manager is in the centre of the home. He comes out of his office and chats with the residents when they are having their coffee."
● People and relatives were given opportunities to give feedback, through 'resident and relative' meetings and annual surveys. The feedback survey undertaken during 2019 had, overall, received positive results. Where improvements were needed, such as with menu choices, activities and meeting religious requirements, actions were being taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● Quality checks were completed in key areas of the service such as medicines, care plans and accidents and incidents.
● Whilst quality checks had driven improvements in most areas, we found there were still improvements required in respect of medicines management. The provider acknowledged our findings and took immediate action to address these issues. They provided us with information about how they were going to strengthen their audit processes to ensure any shortfalls in medicines management were quickly identified.
● Staff spoke of a more cohesive and responsive management team because they were more visible and spent more time listening to people and staff. One staff member told us, "It has improved so much. We have more structure in the management team, things have improved. It is generally a more happy place."
● Staff and people particularly spoke about the positive impact of the home manager on Castle Brook. One staff member said, "[Home manager] has brought stability and continuity to the home. He is our longest serving manager. He is very good and very supportive. He sees the best in people and was what Castle Brook needed."
● However, the home manager was only a temporary appointment and there were some concerns about the future leadership of the home. We discussed this with the nominated individual who assured us processes would be implemented to ensure a robust handover to the new manager once they had been appointed. They told us the current home manager would also remain in an advisory capacity to ensure the momentum for improvement was maintained.
● The provider sent us notifications regarding specific incidents and events that occurred at the service, as required by CQC. However, during our inspection the home manager identified an occasion when a notification regarding a serious injury had not been submitted to us as required. We were confident this was an isolated incident and the provider completed the missing notification during the inspection visit.