

Castlebank Care Home Limited

Castle Bank Care Home

Inspection report

26 Castle Bank
Tow Law
Bishop Auckland
County Durham
DL13 4AE

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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

About the service

Castle Bank is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. Nursing care is not provided. The service can support up to 28 people.

People's experience of using this service and what we found

People told us they received safe care and were happy living there. Medicines were managed safely. There were enough staff to meet people's needs. Safe recruitment procedures were in place, but recruitment records required further improvement. The home was clean and had recently been refurbished to a good standard.

Staff sought people's consent before providing care and support. 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. Staff training in key areas was up to date. People were supported to eat and drink enough to maintain a balanced diet.

People were treated with kindness and compassion. Staff respected people's privacy and dignity and people were supported to be as independent as possible. Staff had built positive and caring relationships with people.

People received personalised care that was responsive to their needs and preferences. It was clear from our conversations with staff they knew people's needs well. People were supported to engage in activities to reduce their risk of social isolation. People knew how to make a complaint, although nobody we spoke with had any.

There were effective systems in place to monitor the quality of the care provided. People's feedback was sought regularly and acted upon. We received positive feedback about how the service was managed.

For more details, please 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 good (published 1 April 2017).

Why we inspected

The inspection was prompted in part due to concerns received about the safety of the environment while refurbishment work was underway. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of the full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Castle Bank Care Home

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

This inspection was carried out by one 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 Bank 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care

provided. We spoke with the registered manager and eight staff members which included two senior care assistants, two care assistants, one member of kitchen staff, one of the housekeepers, the administrator and the activities co-ordinator. We spoke with the nominated individual. 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 two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought additional information from the provider regarding electrical safety.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments relating to the environment were carried out and reviewed regularly. There were specific risk assessments in place for the refurbishment work which was ongoing.
- People's care plans included risk assessments about individual care needs such as eating, drinking and walking. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.
- A recent fire safety inspection by County Durham and Darlington Fire and Rescue Service identified some areas for improvement. These had been addressed when we inspected.
- Regular planned and preventative maintenance checks were up to date, such as water temperatures and gas safety.

Staffing and recruitment

- There were enough staff to meet people's needs quickly and keep them safe.
- Improvements were needed to recruitment and selection records. Recruitment procedures were safe, but some records lacked detail regarding employment histories. We noticed in one staff member's file that gaps in employment history had not been recorded, even though there was an appropriate explanation. When we spoke with the registered manager about this they agreed this should have been documented.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe and they were happy with the care provided. One person said, "I feel safe because the people are nice here." Another person said, "I feel if I need anything then they [staff] would come. If I use the buzzer the staff respond quickly."
- Staff had been trained in safeguarding people. They said they felt confident in reporting any concerns to the registered manager.

Using medicines safely

- Medicines administration records showed people received their medicines regularly. This was confirmed by the people we spoke with.
- Staff were trained in handling medicines and a process was in place to make sure each staff member's competency was assessed.
- Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately.

Preventing and controlling infection

- The home was clean and there were no unpleasant smells.
- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons, to reduce the risks of cross infection.

Learning lessons when things go wrong

- Reviews of incidents took place, although no trends had been identified. Actions were put in place to avoid incidents recurring.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission. Assessments included reference to religious preferences.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.
- People and their relatives told us staff provided them with choices and respected their wishes.

Staff support: induction, training, skills and experience

- Staff training in key areas was up to date. People were supported by staff who had the skills and knowledge to support them effectively and safely.
- New staff completed a comprehensive induction, including the Care Certificate, and worked with experienced staff members to learn about their role.
- Staff told us, and records confirmed, they had regular supervision meetings to support their development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink and to eat where they chose. Meals were appetising and well presented. There were enough staff to support people to eat safely.
- People told us the food was good and alternative options were always available.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently because of problems with swallowing, for example, this was catered for. Kitchen and care staff we spoke with had a good understanding of people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to provide good quality co-ordinated care.
- People were supported to access appointments with healthcare professionals such as the GP, occupational therapist and community nurse. Referrals to the falls team, dietician and other health care professionals were made appropriately and care plans reflected the advice and guidance provided by healthcare professionals.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

Adapting service, design, decoration to meet people's needs

- The premises provided people with choices about where they spent their time. Improvements were being made to the décor of the home. The entrance area and corridors on both the ground and first floors had been redecorated and looked inviting and up to date. Flooring had been replaced in communal areas. Communal rooms on the ground floor had been replastered and were in the process of being painted. People we spoke with said the refurbishment had been handled well and with minimum disruption.
- There were visual and tactile items to engage people living with dementia and support their orientation. Improvements had been made to the garden which made it a pleasant space.

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.

- The service was working within the principles of the MCA. Capacity assessments were carried out and DoLS applications had been made appropriately.
- Decisions made in people's best interests were appropriate and involved relevant professionals and family members.

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 this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. One person told us, "I'm happy with the way I'm treated. This is a nice place."
- Staff treated people with warmth and compassion. A relative told us, "The care has always been lovely here. They're just lovely people, all of them. They're very patient and very caring." Another relative said, "I think they [staff] are very caring, very conscientious and do a wonderful job."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered appropriate reassurances.
- Staff had positive relationships with people and their relatives. People's relationships with their family and friends were encouraged. One relative said, "Staff are very welcoming. They greet you and you get offered cup of coffee. They seem genuinely pleased to see visitors."
- Staff were trained in equality and diversity and had a good understanding of how to promote people's rights.

Supporting people to express their views and be involved in making decisions about their care

- People felt listened to. Staff supported people to be involved as much as possible with making decisions about their care. Relatives told us they took part in discussions about the person's care and support needs.
- Where necessary, staff supported people to access the assistance of an advocate. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.

Respecting and promoting people's privacy, dignity and independence

- People were promoted to be as independent as they were able and wished to be. One person told us, "If they see you struggling then they'll help, otherwise they let me get on with things as I'm a very independent person."
- Staff treated people with dignity and respect. People told us staff knocked on doors and sought permission before entering.
- People's confidential information was held securely on an electronic system which was password protected and only accessible to staff who needed the information to carry out their role.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- At the previous inspection in February 2017 we found improvements were needed with regard to how person-centred information could be used to improve the activities people participated in. During this inspection we found this had improved and each person had a detailed person-centred activity plan.
- Staff had a good understanding of how people liked to spend their time and what things people had done in the past. The activities co-ordinator told us how reminiscence work often focused on animals, as a lot of people who lived there were from a farming background.
- People had access to a wide range of activities such as art therapy, indoor gardening, chair exercises and movie afternoons.
- The activities co-ordinator maintained records of who attended events and activities, so they could monitor if people were becoming isolated.
- Staff respected people's right to family life. Relatives told us they were welcomed into the home. Pets were allowed into the home which people said they really liked.

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

- People were supported by staff who had a good understanding of their care and support needs.
- Care plans were person centred and included details about people's likes, dislikes, routines, personal history and care needs. These were reviewed regularly and reflected people's current needs.

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.

- Information was available for people in accessible formats, when needed. Most people preferred information to be given to them verbally.
- Care plans contained information about people's communication needs.
- Information around the home provided people with knowledge about events.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff or the registered manager.

- No one we spoke with had any concerns or complaints.
- There had been no formal complaints since the last inspection.

End of life care and support

- No one was receiving end of life support during our inspection.
- People's care plans contained their future wishes where people had been willing to discuss this sensitive issue.

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 good. At this inspection this key question has remained the same. 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;

- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company. One person said, "I would say the atmosphere is lovely."
- People and relatives spoke positively about the registered manager. One relative said, "They're very efficient."
- People and staff said the registered manager was approachable and they would raise any concerns with them straight away.
- Staff told us they worked as a team to deliver high standards of care. Several people and staff members described the home as 'a big family.'

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

- The registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements
- During the inspection the registered manager and nominated individual were quick to respond to issues raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider monitored the quality of service provision through information collected from comments, compliments, complaints and monthly surveys.
- People received a range of information and were kept informed about events in the service.
- Staff meetings were held regularly. Staff said these provided opportunities for staff to feedback their views and suggestions, although they felt able to do this at any time.
- Informal resident/relative meetings were held to inform people and gather their views.
- The service was committed to protecting people's rights with regard to equality and diversity

Continuous learning and improving care

- When an incident occurred this was investigated thoroughly and lessons learnt where appropriate.

- Actions arising from audits carried out by the provider and registered manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others

- There were good community links with local schools and churches and people told us how much they enjoyed this.
- The service worked closely with external health and social care professionals to achieve positive outcomes for people.