

# Indigo Care Services Limited

# Castleford Lodge

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Castleford Lodge provides accommodation and nursing care for up to 61 older people, some of whom may be living with dementia and other mental health needs. The accommodation is arranged over two floors with units specialising in dementia care and nursing on the ground floor and residential and nursing care on the second floor. There were 44 people living at the home on the day of our inspection.

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

People told us they were well cared for and we saw further evidence that this was the case during the inspection. We observed staff approaching people in a caring and respectful manner. Staff demonstrated they knew people's individual needs and preferences well.

We found the provider had effective systems in place to safeguard people from the risks associated with abuse. There was effective management of risk and staff were recruited, trained and deployed to ensure people's needs were met. People were protected from the risk and spread of infection and people's medicines were managed safely.

There was a range of activities available for people to participate in. Staff were enthusiastic and people told us they felt there was enough activities. People had been supported to stay in touch with those important to them throughout the pandemic.

There were effective systems of governance, monitoring and review in place, with good evidence of provider oversight to ensure the service was working to the provider's expected standards. There was evidence that feedback from people and their relatives had been sought and acted upon in positive ways. There was an emphasis on improving the service, and ensuring it was person centred. There was evidence of staff working in partnership with other agencies. This helped deliver individualised care and supported people's access to other healthcare and social care services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good, with requires improvement in the responsive key question (published June 2018).

### Why we inspected

The inspection was prompted in part due to concerns received. A decision was made for us to undertake a focussed inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castleford Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service was safe.

Details are in our safe 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.

Details are in our well led findings below.

**Good** ●

# Castleford Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Castleford Lodge 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 at the time of the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed an interim manager, while the recruitment of a permanent manager was being undertaken.

#### Notice of inspection

An unannounced inspection visit took place on 10 June 2021.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

The inspection activity started on 10 June and was completed on 25 June 2021.

During inspection site visit we toured the building and spoke with the interim home manager and the deputy manager, who is also the clinical lead. We spoke with three care staff, the activities coordinator and one member of ancillary staff. The regional manager also attended to support the inspection and provide information.

We also spent time observing people's care and interaction with staff in the lounges and dining room areas to help us understand the experience of people living at the home. We asked six people who used the service about their experience of the care provided and spoke with a social work professional who was visiting on the day.

We saw the day to day care records, risk assessments and care plans for three people and medicines records for one person. We looked at personnel and recruitment records for two staff and a range of records in relation to the management of the service, including the record of complaints and the provider's responses to these. We also saw monitoring records in relation to a number of areas, such as people's nutrition and hydration and weight.

We requested and reviewed further records in relation to the management of the service, which were provided to us remotely. This included quality and safety systems and processes, meeting minutes, and staff training and supervision records.

On 25 June 2021 we held a remote, online meeting with members of the management team to complete the inspection and discuss our findings.

#### After the inspection

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

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. There were systems in place to safeguard people from abuse and avoidable harm.
- People were confident they were safe from harm. People's comments included, "I feel very safe. The staff look after me." and "I am well cared for, nothing bad happens."
- Staff had completed safeguarding vulnerable adults training and demonstrated they were aware of their responsibilities in keeping people safe.

Assessing risk, safety monitoring and management

- People's individual potential risks were assessed, and measures put in place to reduce and manage the risks. Risk assessments were reviewed and updated at regular intervals.
- Regular checks were made on the premises and equipment to ensure people's safety. Staff had completed fire training and fire drills were completed at regular intervals.

Staffing and recruitment

- There were enough staff to ensure people were appropriately supported.
- There were enough staff on the day of inspection to support people's care needs in a timely manner.
- No one we spoke with said there were issues with staffing levels and the people we spoke with told us they were happy with the staff. People said when they needed staff they did not have to wait long.
- Staffing levels were assessed and staff rotas regularly reviewed, to ensure there were enough staff to meet people's needs.
- There were recruitment procedures in place, so people were cared for by staff who had been assessed as safe to work with people.

Using medicines safely

- The medicines systems were well organised and the service followed safe protocols for the receipt, storage, administration and disposal of medicines.
- There was an electronic recording and monitoring system for people's medicines. This flagged up any uncompleted tasks or errors. This ensured safe procedures were followed and people received their medicines as they should.
- Staff were trained and their competence to administer medicines was checked regularly.

Preventing and controlling infection

- We looked at how infection prevention and control was implemented and found people were protected

from the risk and spread of infection. The building was clean and fresh throughout and one person said, "It's always nice and clean."

- The provider was accessing testing for people using the service and staff and promoting safety through the layout and hygiene practices of the premises.
- Visits were being facilitated for people in accordance with the current guidance. The provider took appropriate action to prevent visitors from catching and spreading infections. Shielding and social distancing rules were followed.
- The service was using PPE effectively and safely. The infection prevention and control policy was up to date and the provider was making sure infection outbreaks could be effectively prevented or managed.

Learning lessons when things go wrong

- There was an emphasis on learning lessons to help improve safety in the service.
- The interim manager demonstrated a clear culture of learning lessons where things had gone wrong.
- There were systems in place to learn from complaints, accidents and incidents to identify trends and common causes. This enabled possible themes or trends to be identified and action to be taken to reduce future risks.



# 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.

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

At the last inspection care plans were in place, however these did not show sufficient evidence that people and their relatives were involved in the care planning process.

- At this inspection we saw the provider ensured people received individualised care. This was well planned, with people's involvement and if appropriate, the involvement of those close to them.
- People's needs and preferences were well reflected in their care plans. These were up to date, being reviewed at regular intervals, and in response to any changes in their needs. They were held electronically, with good access for staff.
- Staff told us they liked the electronic care planning and records system, as it was easy to follow and to complete.

Meeting people's communication needs

Since 2016 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.

- Care records detailed people's preferred methods of communication and how staff were to support them.
- There was a range of accessible signage and documentation to help deliver information to people in a way they could understand.
- Staff were aware of people's communication needs and careful to communicate with people in ways appropriate to their individual needs. This helped people to understand and engage.

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

- We met the three activity coordinators employed in the service and saw they engaged well with people, in groups, and individually.
- There was some very good work being undertaken around valuing people's diversity and supporting people's expression of their individuality.
- The service had maintained a range of activities during the pandemic. People were provided with opportunities to engage in activities, linked to their hobbies and interests.
- People told us they enjoyed the activities provided. One person said, "There's always something to do if you want to." Another person told us, "Now there's better weather, I like to sit in the garden. We feed the

birds and squirrels. They're quite tame. I love watching them."

- People had also been supported to maintain their relationships, to avoid social isolation. This was by pod visits (in line with the guidance of the time), by post and telephone, and video calls.

Improving care quality in response to complaints or concerns

- The provider continued to ensure there was a responsive process in place to respond to concerns or about the service.
- There was a complaints policy and procedure and this was explained to everyone who received the service.
- The complaints process was written in plain English and displayed on notice boards in the home.
- No one we spoke with had any concerns or complaints to share with us.
- We saw from the record of complaints that people's comments and complaints were taken very seriously, investigated and responded to in a timely way.

End of life care and support

- There were processes and procedures in place to capture what was important to the person as they approached this stage of their life.
- End of life care arrangements were in place to ensure people had a comfortable and dignified death.
- The service worked with people and those close to them to assess and document their end of life wishes. These were clearly recorded within care plans.
- People's spiritual and religious preferences were sought and respected.

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

- The service had a positive culture that was person-centred, open, inclusive and empowering. The interim manager and staff encouraged people to express their views and concerns. They listened and acted on them to help shape the service and the culture.
- People told us the service was well managed and made positive comments about the managers. One person said, "The managers are nice. It's all well run."

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 provider learned from mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Staff were clear about their roles and responsibilities and spoke positively about working in the home. They felt supported in their role. They told us they were confident to raise concerns, and these would be appropriately addressed by the interim manager and the clinical lead.
- The interim manager and senior staff monitored the quality of the service and took action to address the issues identified. This ensured the home was safe and well managed.
- The provider had a quality assurance programme, which included monthly visits by senior managers in the organisation to check the quality of the service.
- The interim manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

Working in partnership with others

- The management team ensured positive relationships had been made with other agencies involved with people's care.
- The service had established good links within the local community.
- We received very positive feedback from partner professionals about the way the service cared for and supported people.

