

Castlewellan House

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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



Overall summary

This was an announced inspection which took place on 27 January 2016. Castlewellan House provides accommodation with personal care for 18 people. Some people lived with conditions that related to old age whilst other people had dementia. At the time of this inspection 16 people were living at the home. When we last inspected the home in July 2013 the provider was compliant with the regulations we assessed.

There was a registered manager at the home. 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.

We received a high level of praise from people and their relatives in relation to this home. They were very complimentary about the quality of the care they received. We found the registered manager and staff were motivated and committed to providing a high standard of care to people.

Summary of findings

People had no concerns about their safety, risks to their safety had been identified and staff had training in how to recognise abuse.

Staff were recruited in a safe way and had relevant training and support to enhance their skills in providing people with quality care. There were enough trained and experienced staff to support people and meet their needs in a personalised manner.

People had their medicines when they needed them but staff did not always follow safe procedures and there was a lack of written guidance for staff.

Care was focused on people's individual needs and we saw this was effective in managing risks to their health such as falling or developing pressure sores.

Staff were aware of how to support people's rights, seek their consent and respect their choices. We saw staff worked within the principles of The Mental Capacity Act 2005 (MCA) to ensure that the human rights of people who may lack capacity to make decisions are protected. We saw staff understood the Deprivation of Liberty Safeguards (DoLS) to deprive someone of their liberty to ensure their safety.

People were happy with the meals offered and were supported to have the meals that they enjoyed. Drinks were offered throughout the day to prevent the risk of dehydration. People's health was supported by access to appropriate health professionals.

We saw that staff were attentive and caring towards people. People described the staff as being friendly and kind. Relatives told us the staff were polite, patient and respectful towards people. People told us that they were happy living at the home. They knew how to raise any concerns if they needed to and we saw arrangements were in place to listen and act upon any concerns.

People enjoyed a range of activities which were tailored to meet their individual interests and encourage their independence.

People described the management of the home as very friendly and approachable. Staff felt supported by the provider who was also the registered manager and worked in the home daily. We found quality monitoring systems were in place to ensure people received a good standard of care. Some adjustments were needed to the medicines checks. The registered manager had kept their own knowledge and learning up to date which ensured they were aware of new initiatives to enhance the quality of care provided.

Summary of findings

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.

People's received their medicines as prescribed. However staff did not always follow safe procedures when administering medicines and there was a lack of written guidance.

People were safe from abuse because staff were trained and knew how to protect people.

Risks to people's health and safety had been thoroughly assessed and managed.

There were sufficiently trained and experienced staff available to meet people's care needs.

Requires improvement



Is the service effective?

The service was effective.

Staff were trained, motivated and positively supported to meet people's needs.

Staff knew how to support people's rights and respect their choices and decisions.

People enjoyed the meals and had the support they needed to maintain a balanced diet.

Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Good



Is the service caring?

The service was caring.

People and their families were consistently positive about the caring attitude of the staff.

Staff showed a strong person centred approach towards the people they supported demonstrating kindness and compassion.

People's dignity, privacy and independence were promoted.

People saw their relatives when they wanted; visiting times were open and people's relatives were made welcome.

Good



Is the service responsive?

The service was responsive.

People received the support they needed to take part in recreational activities that they enjoyed.

Good



Summary of findings

People's views were actively sought and complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

The service was well led.

There was an open and inclusive culture and the management team had the support and confidence of people in the home, their relatives and staff.

The quality of the service was monitored and improvements had been made in the interests of the people who lived there. Audits on medicines did not identify staff competency.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 January 2016 and was carried out by one inspector.

Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters. We asked the local authority their views on the service provided.

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. In addition we observed staff administering people's medicines and supporting people during their lunchtime meal.

We spoke with twelve people who used the service, three relatives who were visiting and the local doctor. We spoke with the registered care manager and two staff. We looked in detail at the care records for three people, and the medicine records for seven people, accident and incident records, two staff files, complaints and compliments records, staff training records and the quality monitoring systems.

Is the service safe?

Our findings

People told us they had their medicines when they needed them. One person said, “I always have them on time”. We found that people’s medicines were stored safely. We observed a staff member administer people’s medicines and saw that they did not follow the procedures for the safe administration of people’s medicines. We observed staff check the dose of medicines before administering medicines to people. However on each occasion the staff member signed the Medicine Administration Records (MAR) before taking the medicine to the person. This practice increased the risk of mistakes being made and was not in accordance with good practice. We found that not all of the people who were prescribed ‘as required’ medicines (PRN) had supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medicine. Although staff we spoke with could explain these circumstances the lack of written information could lead to inconsistency in this area. Some people had medicines that needed to be administered in a specific way. Staff we asked were able to tell us about the precautions they needed to take but supporting information was not recorded to guide staff and ensure consistency. Staff we spoke with and records we looked at confirmed that staff had medication training. Arrangements were in place for the management of controlled Drugs [CD’s] but none were in use at the time of our inspection.

People we spoke with told us they felt safe and secure in the home and in the company of staff. One person said, “I feel very safe now living here as there is always staff to help”. Another person told us, “The staff look after me well and help me to walk I feel quite safe”. A relative we spoke with told us, “I have complete confidence in the staff, they take very good care of mom and treat her properly”.

Staff we spoke with told us that they had received training in how to safeguard people from abuse and how to report their concerns. A staff member said, “I would talk to the manager about any concerns regarding people’s safety”. There had been no safeguarding incidents in the home but the registered manager told us they would review any to ensure any learning from them was captured. We saw accidents, incidents and falls were recorded and reviewed to ensure action could be taken to reduce risks to people’s safety.

A relative told us, “The staff are great; they know people well, who might fall, who needs help and keep people safe”. Risks associated with people’s care had been assessed and action taken to reduce risks was detailed in their care plans. Staff were aware of the risks to people and how to manage these. Referrals had been made to health professionals for advice on how to prevent people from falling. We saw that people had been provided with walking and standing aids to reduce these risks. We saw staff supported people when they were walking to prevent falls. Management plans were in place to reduce the risk of developing pressure sores and equipment was available to prevent people getting sore skin. The visiting GP told us that staff were proactive in sharing any concerns to ensure risks to people’s health were minimised. We saw staff followed the recommendations from health professionals because they ensured people sat on their pressure relief cushions.

There was enough staff to provide people with care and support when they needed it. One person told us, “There’s never a problem always plenty staff around”. Another person said, “I prefer to stay in my room but the staff always pop in and don’t forget me”. A relative told us, “Staff are always available and so helpful to people”. One staff said, “There are always enough staff, we are a small team and if someone was sick we would cover them”. Another staff member said, “We have all worked together a very long time and there is always enough staff to care for people safely. We saw the needs of people were well managed; staff were available to supervise and meet people’s needs, and to sit and talk with people, and carry out activities. One person told us, “It’s the same at night I only have to press my buzzer and staff will come”. The registered manager told us people’s needs were assessed to determine staffing levels and was confident their arrangements met people’s needs.

We saw staff had been recruited safely. A staff member told us, “They did checks on my references and I had a police check before I was able to start work”. We saw staff files contained reference checks and checks with the Disclosure and Barring Service (DBS) – which provides information about people’s criminal records. These checks had been undertaken before staff started work. The recruitment processes in place would help to minimise the risks of employing unsuitable staff.

Is the service effective?

Our findings

People and their relatives were consistently positive about how they were looked after by staff. One person told us, “I’m very happy and very well looked after”. A relative told us, “I was so impressed when I visited that I decided it was the right place for mom”. Another relative said, “They are very professional and she has really improved with their care”.

A staff member told us, “I had a full induction that included following other staff and I did training so I was confident I knew people’s needs”. We saw staff induction covered key areas of knowledge so that they understood how to care for people. The registered manager told us that the new Care Certificate induction process which included training, mentoring and supervision to support new starters with developing the competences to deliver effective care, was being used for new staff. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people’s care. We saw from staff files that staff had regular supervision in which to discuss their needs and get feedback on their performance. One staff said, “I feel very supported and the manager will provide training and guidance if I need it”.

Staff we spoke with felt that they had very positive support and training in order to understand and meet people’s needs. A staff member said, “I have done all my formal training”. We saw the training programme supported staff in developing the competencies to deliver effective care. For example training in dementia awareness to meet people’s diverse needs was evident as well as moving and handling to support people with their mobility. We also saw that staff had completed varying levels of recognised qualifications in health and social care. This showed that care was taken to ensure staff were trained to a level to meet people’s current and changing needs. A person who lived at the home told us, “They are very good, they know how to look after us and do things properly”.

We saw staff supported people with their mobility using equipment correctly. Staff were aware of how to support people with dementia in a proactive way. We saw throughout the day that staff actively encouraged people with daily tasks; one person was washing up in the kitchen, we saw another person help to set the table. We saw staff recognised the importance of interacting with people; they utilised opportunities to talk with people and reminisce. A

relative told us, “They spend time with people and do everyday things”. Another relative told us, “They are calm and understand how to respond to [name of person] who gets very agitated”.

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 interest 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. The application procedures for this in care homes and hospitals are 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 were being met.

We saw staff incorporated the principles of the MCA by seeking people’s consent before they assisted them with their care needs. A person told us, “I know all about ‘consent’ and I can tell you they always ask me first”. We saw staff respected people’s choices; some people preferred to stay in their bedrooms. Several people told us they chose what time they got up or went to bed, when they had a bath or shower and what they ate. We spoke with relatives who confirmed they had been consulted regarding decisions where their family member lacked capacity. We saw for example that where a person could not consent to aspects of their care, the arrangements had been discussed with their family and the doctor and decisions had been made on the person’s behalf for an alternative placement. We saw where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person’s care records so that staff knew what action to take or who to contact about decisions.

A relative said, “My family member can move around freely and go in the garden I have no worries”. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS). No one had their liberty restricted. A staff member said, “We know we can’t restrict people’s movements but if they were in danger we would have to

Is the service effective?

get authorisation”. Staff were able to give us an account of the principles of the MCA and Dols. They knew that people should not be unlawfully restricted. Records that we looked at confirmed that staff had received MCA and DoLS training.

People were complimentary about the meals. One person said, “I love the food, we choose what we want and they will cook anything”. Staff had a good understanding of the importance of good nutrition and hydration. Staff were aware of people’s specific dietary needs. For example we saw they served people with meals presented in the right consistency for people to manage. We saw people had been referred to the dietician and Speech And Language Therapist (SALT) for advice and staff monitored people at risk of not eating or drinking enough. Weight checks were undertaken to ensure any deterioration was identified.

Everybody told us they saw the doctor when they were unwell. One person told us, “The doctor comes regularly I know him well”. We saw people’s routine health checks were addressed. We spoke with the doctor who confirmed that staff understood when to seek their assistance and that they had experience and skills in providing for the needs of people. Staff were aware of people’s medical conditions and how to support them. A staff member said, “We have been shown how to support people with pressure sores, we know about losing weight, getting infections and the signs to look for”. A relative said, “My relative has gained weight, eats much better and I’m very happy with the care and attention they get”.

Is the service caring?

Our findings

Everybody we spoke with was very positive about the caring nature of the registered manager and her staff team. People said that staff were kind and very helpful. One person said, “The staff are lovely”. A relative said, “They are attentive and patient”. Another relative told us, “There’s a caring approach towards everyone”.

We saw that staff were kind and patient and spoke to people politely. There was a person-centred approach to communicating and engaging with people; staff knew people well and actively spent time with them. We saw staff engaged in meaningful and enjoyable spontaneous activity with people, for example talking, singing and reminiscing. They frequently enquired about people’s well-being and checked if they were comfortable. We saw they replaced blankets on people’s legs, and provided footstools for comfort. Several people preferred to remain in their bedrooms and told us staff checked on them regularly. One person said, “I love my room I have everything I need and the staff are very attentive popping in all the time to see I am alright”.

We saw lots of examples of staff demonstrating compassion towards people; taking the time to sit and comfort people, reassuring them when they were anxious. We found that staff knew people well and understood how to respond to each person’s diverse needs in a caring and compassionate way. For example we saw a person who had arrived at the home that day. Staff were attentive and explained everything to the person. We saw they were patient and reassured the person to help settle them in. The person told us, “Yes they have been very kind, they seem very nice”. The family of the person told us, “We loved the smaller quieter atmosphere and were keen to move mom here; it’s lovely, staff have been very caring to her”. Staff had a good understanding of the need to explain and reassure people. One staff member said, “Some people get confused and upset, we talk to them, explain where they are, and reassure them, it helps them”.

We visited people who were cared for in their bedroom. A person told us, “I had been ill and the staff have been

marvellous; they check on me, bring me drinks and food they are very caring”. A relative told us, “I never worry they look after her exceptionally well and she is very happy living here”.

A staff member told us, “We treat people like they were our own family”. The local doctor told us staff were very caring and that people’s well-being had been improved as a result of the care and attention they received.

People told us that they were involved in planning their own care and this was confirmed by their relatives. One relative said, “I am asked about care and kept informed”. The registered manager told us that the services of an advocate could be used to represent people’s views if they were unable to do this for them self.

Staff respected people’s dignity and there was an individualised approach to meeting people’s personal care needs. We saw staff support people to attend to their personal care on an individual basis and when they wanted or needed this. One person said, “I choose when I want to have a bath or wash my hair they are very good like that”. We saw staff promoted people’s dignity by ensuring their appearance was addressed and that they had the support they needed. Our observation of staff practice showed that staff were motivated, caring and compassionate towards people.

Staff promoted people’s independence. We saw throughout the day that there was a high level of interaction between people and staff who understood the importance of encouraging people to get involved in daily chores and tasks. We saw some people helped with tidying and wiping tables, and washing up. This showed staff understood what was important to people and their need to feel valued. A staff member said, “We try to support people to do the things they want to, they like to help and feel valued”.

People told us and we saw that there was no restriction on visiting times. During our inspection there was a lot of family activity and people told us this was usual for the home. A person said, “Families are always popping in, it’s really nice”. A relative told us, “We have a good relationship with the manager and staff; they always make us very welcome”.

Is the service responsive?

Our findings

People told us that they had been involved in the assessment of their needs prior to them moving into the home. One person told us, “The manager visited me and we talked about my care needs, and my preferences”. We saw that people’s care plans were centred on their needs, and that their wishes and preferences had been listened to.

A relative told us, “We discussed all aspects of mom’s care, I’m very happy”. Staff were knowledgeable about people’s individual support needs and how best to support people. We saw they knew how to support a person who regularly refused personal care. A staff member told us, “We try different approaches and still give them a choice”. We saw that staff used a person-centred approach that ensured they balanced the need to give the person choice and control whilst taking their mental health into account. This ensured that care was focussed upon the person and how they preferred their care needs to be managed. Care records that we looked at contained information about each person’s life history, their likes, how they communicated as well as their needs. Staff told us they read people’s care plans and regularly discussed any changes. Relatives told us they were regularly updated and changes to people’s care were communicated to them. We saw on the day that the registered manager discussed such issues with a family member.

People we spoke with told us that their religious needs had been met. We heard that churches visited on a regular occasion and offered a service with communion and singing. We saw and heard from people and their relatives that there was always activity or games on offer for people to enjoy. A person said, “There are things to do like bingo, games, DVD’s but we all like our own thing”. We saw some people with newspapers, some doing word searches and some watching TV. Staff asked people what they would like to do and we saw this was flexible and dependant on people’s choices. We saw that people very much chose what they wanted to do to occupy them and this included doing various domestic chores. One person told us, “I like to help”.

People spoken with said if they had any concerns or complaints they would tell staff. A relative told us, “I’ve got no complaints but if I did the manager would listen”. Information was provided to people and their relatives about how to make a complaint. The registered manager had a process in place to respond to complaints. No complaints had been made about the home. We saw a number of compliments had been received from people about their positive experiences.

Is the service well-led?

Our findings

People had confidence in the registered manager and told us they were very happy with the way the home was run. One person who lived at the home told us, “She’s very good; asks our opinions and looks after us really well”. A relative said, “The staff are friendly; they look after us as well”. Another relative said, “It’s very well run, things get done”.

We observed that staff clearly understood and worked to the values of the home. One staff member told us, “It’s their home so we do what we can to make them happy, safe and comfortable”. We saw staff had the training and support to carry out their care tasks. A person told us, “I find it a lovely place to live”.

We saw that the registered manager and staff were visible and always had time to chat with people. A relative told us, “There’s a very friendly approach and nice atmosphere, people are well looked after”. The leadership structure consisted of the registered manager, senior and care staff and tasks were clearly defined. A staff member said, “I love working here, it doesn’t feel like a home”.

The provider was the registered manager and worked in the home on a daily basis. We saw she had good oversight of the culture and standards within the home. During our inspection we saw that she spoke with people and their relatives which demonstrated an open and inclusive approach. One relative said, “She is friendly and keeps us informed of any changes”.

We saw that people were regularly asked their views via meetings and families had also been canvased about their views. Feedback was positive which showed that people and their relatives were happy with the service provided.

Providers are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered manager had ensured she reported to us the CQC any events which they are required to do by law. Staff were aware of whistle blowing procedures and knew how to report any concerns about bad practice. One staff member told us, “Absolutely nothing would be tolerated here we wouldn’t hesitate to report it”.

We saw the registered manager monitored standards within the home. Audits were carried out on the safety and quality of the service. Our observations showed staff did not practice in a safe manner when administering people’s medicines. The registered manager had not identified this and there were no staff competency checks in place to ensure this aspect of care delivery was monitored.

We saw examples of links with local organisations such as the West Midlands Care Association which evidenced the registered manager was keeping up to date both with their own learning and with new initiatives. Before our inspection visit we contacted the local authority commissioning team no concerns were raised by them about the care and support people received.

The registered manager had put people at the centre of their plans by ensuring staff had the skills and expertise to meet the changing needs of people. For example they had introduced the new Care Certificate to enhance their induction processes.