Tricuro Ltd

# Castleman House

## Inspection report

Fairfield Bungalows
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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
Castleman House is a purpose-built residential home registered to provide care for up to 48 older people. At the time of our inspection there were 41 people living there, some of whom were living with dementia. People lived within five areas, known within the home as cottages. Each cottage had a communal area with a small kitchen. There was a large communal area used when people got together for events or large group activities.

People's experience of using this service and what we found
People felt safe living at Castleman House. Staff understood how to keep people safe from harm or abuse and knew how to raise concerns if they were to witness poor or abusive practice. Staff were confident they would be listened to by the management and appropriate action taken.

People were supported by staff who got on well and worked as a team to understand and meet people's needs and preferences. People's desired outcomes were known, and the staff team worked alongside people, relevant health and social care professionals and their relatives to support them to achieve these.

People and relatives commented positively about the skills and competence of staff at the home. Staff received mandatory and additional training to help them meet people's diverse needs with confidence.

People told us the staff were kind, caring and responded in a timely way to their needs. People could live their day how they chose. If people preferred to spend some time alone this was respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had the opportunity to participate in a range of group and 1:1 activities which were tailored to their interests and abilities. Relatives and friends were welcomed and encouraged to remain involved in the day to day lives of their family members.

People, relatives, staff and health and social care professionals were encouraged to express their views about the care and influence what happened at the home via annual surveys.

The home had developed partnerships with other agencies to support people to stay well and prevent unnecessary hospital admissions.

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 10 March 2017).

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 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.

# Castleman House

**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 was carried out by two inspectors on the first day and one inspector on day two.

Service and service type
Castleman House 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 did not have a manager registered with the CQC. A registered manager and a provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection a new home manager had been in post for two weeks and had started the application process to register as manager.

Notice of inspection
This inspection was unannounced.

What we did before 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 three relatives about their experience of the care provided. We spoke with 17 members of staff including the home manager, operations manager, senior and regular care workers, housekeepers and the cook. We spoke with three health and social care professionals and a volunteer.

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 five people's care records and multiple medication records. We looked at four 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 spoke with two more relatives and another healthcare professional by telephone. We considered their feedback when making the judgements in this report.

Good

# 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 who were able to speak with us told us they felt safe at the home. One person said, "I feel secure living here and don't want for anything." Relatives were confident their family members were kept safe. One relative said, "They've made [name] feel safe here. We walk away knowing [name] is safe."
- Staff understood the signs and symptoms that could indicate a person was being harmed or abused. They knew how to raise concerns internally and to external organisations such as the local authority safeguarding team or CQC.
- Staff said they would feel confident whistleblowing if they observed poor practice and felt they would be listened to and action taken by management if they raised concerns.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had personalised risk assessments to help reduce risks associated with areas of their lives such as mobility, diabetes, poor dietary intake and fragile skin.
- General environmental risk assessments had been completed to help ensure the safety of the home and equipment. These assessments included: water temperature and systems, home security and hoists.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency. The local fire service visited the home in July 2019 and made recommendations which the management had actioned.
- The home was visibly clean and odour free. Staff had received infection control training and understood their responsibilities in this area.
- Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons throughout the home. Staff used these appropriately.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely and flexible way. Staffing levels reflected people's dependency levels and were regularly reviewed. A staff member said, "I have time for chatting and laughing with the residents. If I have a quiet afternoon I sit with [name] playing dominoes or [name] teaches me how to do the crossword."
- People told us that staff responded in good time when they requested help either verbally or using their call bell. One person said, "Staff are always there if you need them." Another person said, "If I press my bell they [staff] come immediately."
- The home used a bank of relief staff rather than agency workers to cover holidays or sickness absence. This meant people were supported by familiar staff.

● The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.

Using medicines safely

● Medicines were managed safely. People received their medicines on time and as prescribed from staff with the relevant training and competency checks. Medicine Administration Records (MAR) were completed and legible.

● Where people could manage their own medicines, risk assessments were in place to help ensure risks were minimised.

● Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

● Medicines were stored safely including those requiring additional security.

Learning lessons when things go wrong

● Accidents and incidents were recorded and escalated appropriately. Body maps were completed and included updates on healing progress. These crossed referenced with accident and care plan records.

● Accidents and incidents were analysed by the management to look into what had happened, determine the cause, identify trends and develop an action plan to help reduce the risk of a re-occurrence.

● Staff completed reflective accounts which helped them improve their understanding of how incidents, such as medicines errors, had occurred.

● Learning was shared with staff at handovers, supervision and team meetings.

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 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 had pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes. One person said, "I'm here for a week and I love it."
- People's outcomes and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, moving and repositioning and nutritional needs.

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. One staff member told us, "This is my first job in care. Induction was brilliant."
- Staff received mandatory and role specific training in areas such as equality and diversity, medicines, food hygiene, dementia and moving and repositioning. A staff member said, "The dementia training taught me not to give too much information, to not overload people; keep it simple." A relative commented, "The staff are well trained. They've even given me tips and I'm a carer as well!"
- Staff received individual and group supervision. This provided them with an opportunity to discuss concerns, reflect on their practice, consider professional development and regulatory changes.

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

- People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Adapted cutlery and plates were available if required.
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists [SALT]. People with a low dietary intake were weighed weekly and referred to relevant healthcare professionals.
- People told us they liked the food and were given plenty of choice, including alternatives to the daily menu. Our observations confirmed this. We heard a staff member say to a person, "Dinner is whatever you want it to be."
- The cook asked people what they would prefer each day and used this as an opportunity to get their views about the food. People told us, "The food is excellent. It's well cooked. What more could you want?" and, "It's all so well prepared [that] you like everything."

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

● The service understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from healthcare professionals including: district nurses, GPs, chiropodists and opticians. One person told us, "I've only got to mention it and they [staff] would get a GP or nurse for me." A social care professional said, "The home work well with us."

● People's current and emerging care needs were discussed in daily handovers. This information was recorded on the electronic handheld system and readily available to staff. This included contact with healthcare professionals. For example, one person complained of back pain despite pain relief being given. We observed the recording system was then updated to reflect a call to the person's GP and, with consent, their relative.

● Management encouraged staff to support people's oral health. For example, people with dentures had plans which detailed the benefits of keeping these clean and the risks posed by leaving them in at night.

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

● People lived in an environment that had been adapted to meet their needs. Signage helped people understand what each room around the home was used for.

● People had memory boxes outside their rooms which contained items and photos that celebrated their interests and achievements. These helped people recognise their rooms and were used as a point of conversation.

● People living with more advanced dementia lived in the quieter area of the home.

● People had access to a secure, level-access outside space. One relative said, "[Name] and I often sit outside. [Name] loves flowers and gardening." Hand rails helped reduce the risk of people having a fall while enjoying this area.

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 had mental capacity assessments for each significant decision affecting their day to day lives. Best interest meetings involved input from people, relatives, relevant health and social care professionals, advocates and staff familiar with the person. A relative said, "They do everything in [name's] best interest."

● People's mental capacity and ability to consent to living at the home had been checked as part of the pre-admission assessment process. Staff sought each person's consent before supporting them.

● The home had applied to the local authority for people who required DoLS and kept a record of when these were due to expire.

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 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

- People were supported by staff who consistently treated them in a kind and caring way. Interactions were warm, natural and often included appropriate humour. People told us the staff treated them well. One person said, "I just have to click my fingers and the staff would do anything for me – the staff are so wonderful." Relatives commented, "[Name] is very fond of the staff", "What I like is there's lots of banter" and, "They make [name] smile a lot."
- People could live their day to day lives as they chose. Some people preferred to be more private and this was respected. One person told us, "I can live my day how I want." A relative said, "They [staff] involve people in things but if they don't want to take part they don't have to."
- The service kept a record of compliments with these displayed in the home for people, staff and relatives to view. One thank you card stated: 'I never wanted [name] to go into a care home but from the very first time I set foot in Castleman House, I knew [name] was going to be looked after.' A healthcare professional told us, "Residents speak well of the staff."

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

- People were supported to express their views about their care and makes decisions affecting their lives. This included whether they wished family to be present during visits from healthcare professionals, what time they got up and their preference for male or female staff for intimate care. A staff member said, "If a resident wants another half an hour in bed I'll come back later. We're working for the residents."
- People's cultural and spiritual needs were acknowledged, respected and met. The home had a communion service each Sunday which people were supported to attend if they wished.
- People had personalised their rooms with some of their own furniture and other items of sentimental value such as photos and ornaments. This had helped people to settle in. A social care professional told us, "I have been in to see [name]. [Name] loves it here. [Name] said he has a lovely room."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their privacy. For example, staff spoke with people using their preferred name and discussed sensitive information with them discreetly.
- People were supported to maintain their appearance for example, by being helped to wear clothing or jewellery of their choice, apply make-up or have their hair done. One relative said, "[Name] always looks very smart."
- Staff supported people to live their lives with as much independence as possible. For example, one person's plan reminded staff, 'Prompt me to do what I can do independently.' Our observations confirmed

staff practiced in this way.

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; 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

● People received person-centred care. Their needs, abilities, background and preferences were documented, known and supported by staff. People's needs were regularly reviewed with support from their relatives, if they wanted them involved, or where they experienced difficulties communicating what was important to them. A relative told us, "We've just had a meeting with the doctor. The staff inform me every time there is an update."

● People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. Relatives told us they were made to feel welcome and involved. One relative said, "They [staff] always say come whenever you want."

●People spent uninterrupted time with relatives and friends in their rooms, in numerous communal seating areas or in the conservatory.

● People had the opportunity to participate in various group and 1:1 activities including summer fetes, bingo, visits from a clothing retailer and pampering sessions. Activities were tailored to match people's preferences and / or abilities. People were supported to continue attending local community clubs and day centres they had previously enjoyed before moving to the home.

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's communication support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.

● Staff knew and met people's individual communication needs. For example, a staff member told us, "We need to look into [name's] eyes when talking. Sometimes [name] will give a thumbs up. [Name] will clap [name's] hands if had enough of something." A person with a sight impairment told us staff were always helpful and read and explained things to them. Their care plan noted 'bright sunlight impairs the small amount of vision I have.' This person had a roller blind in their room to help with this.

Improving care quality in response to complaints or concerns

● The home had an up to date complaints policy with the procedure displayed in the home. The management logged, tracked and resolved complaints in line with the provider's policy. People and relatives told us that if they need to complain they would speak to the manager or care staff.

End of life care and support

● People who had expressed a wish to discuss their future wishes had advance care plans. These included details about choice of burial or cremation, funeral arrangements and the service. This meant a person's final wishes could be respected and followed. For example, one person's plan advised staff, 'I would like the Catholic father to visit me if I am unwell.' A thank you card expressed, 'You gave [name their] final wish not to be sent to hospital and be surrounded by those that cared and loved [name].'

● The home had been involved in an end of life best practice scheme and had received recognition for quality in end of life care.

● The home was proud to have been nominated an end of life best practice scheme home of the year award due to their commitment to end of life care; one of only 10 homes put forward nationally. A staff member said, "We have a flat here that family can use. You aren't just looking after the person, you are also looking after their family." A healthcare professional said, "They do end of life very well."

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 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

- Castleman House had an open and friendly atmosphere. Staff enjoyed working there and got on well with colleagues. Staff comments included: "I love working here. We are like a big family. We all support each other", "I've been here 21 years. If I'm happy I stay!", "There is good teamwork. The manager's door is always open, so you can ask a question and it gets sorted out" and "I love it here. Everyone is so friendly and welcoming."
- Annual surveys were used as an opportunity to find out what the home was doing well and what could be improved. Feedback from health and social care professionals in 2018 included: 'Whenever I come in to attend to the residents I find the staff helpful and knowledgeable about their residents.'
- The provider produced a newsletter for people, relatives and staff. This was available in reception. A staff member had fed back during an internal audit, "I am dyslexic but senior staff support me by reading out any newsletters'

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 management and staff were clear about their roles and responsibilities. The operations manager, said, "There is an incredibly experienced senior team here. They are well informed and able." Although the home manager had only been at the home for two weeks, they had held the role of registered manager at three previous homes. The home manager said, "I always feel supported by [Operations manager]. [Operations manager] is fabulous."
- The management and staff recognised each other's contribution to supporting people at the home. This was reflected in staff supervision minutes and team meetings where individuals were praised and via a noticeboard where staff could leave thank you messages for colleagues. The home manager told us, "The passion of the staff was evident when I came here. They work so hard with a drive and willingness to make a difference."
- The previous registered manager and home manager had ensured all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.
- The home manager understood the requirements of Duty of Candour. They told us it is their duty to be, "Open and honest about incidents that have happened, reporting to all people that need to know and learning lessons from errors and mistakes."

Continuous learning and improving care; Working in partnership with others

● The home manager and operations manager completed regular checks and audits which helped ensure that people were safe, and the service met their needs. Audits covered areas including: falls, medicines records, infection control, care plans and hospital admissions. An analysis of falls had identified a period of the day when they happened more often. This was facilitating discussions about additional staffing to cover this period and reduce risks.

● Staff were encouraged and supported to develop professionally. This included access to additional training and qualifications in health and social care. The operations manager said, "If you stop changing and developing that's when you fail."

●The home had developed and maintained partnerships with other agencies to provide good care and treatment to people. The management and staff worked closely with community mental health teams, district nurses, the local authority and GP surgeries. A GP fed back to us via email, 'I have been a GP for many years and, in my dealings with Castleman House, staff have always been excellent.' A social care professional commented, "I have known the new manager for years. I have every confidence the home will be managed how it has been – effectively."