

Castle Mead Court Care Centre Limited

Castlemead Court Care Home

Inspection report

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Date of inspection visit:

17 December 2018

18 December 2018

Date of publication:

19 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Castlemead Court Care Home is a residential care home that provides residential and nursing care for up to 79 older people including, people living with dementia. At the time of our inspection 77 people were living at Castlemead Court Care Home.

People's experience of using this service:

People told us they felt well cared for. Staff showed people respect and dignity.

Staff morale was good and everyone was committed to ensuring people received care and support based on their preferences and choices.

The registered manager had completed audits on the home to support quality checks, however for some areas, these had not identified where improvements needed to be made. This was linked to where people's needs changed the paperwork did not always reflect this.

Medicines were not always managed safely. This was evidenced through staff leaving medication in a person's bedroom for another staff member to administer.

There was sufficient staff to support people.

People had good health care support from professionals. When people were unwell, staff had raised the concern and taken action with health professionals to address their health care needs.

The environment had been considered to support people living with dementia. There was signage to support people to orientate themselves around the building and encourage their independence.

The registered manager worked in partnership with health and care professionals.

The Provider had displayed the latest rating at the Home and on the website.

When required notifications had been completed to inform CQC of events and incidents, this helped us to monitor the action the provider had taken.

More information is in the detailed findings below.

Rating at last inspection:

GOOD (report published 06 December 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Castlemead Court 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

Our inspection was completed by one adult social care inspector, one inspection manager 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. Our expert-by-experience had knowledge about dementia.

Service and service type:

Castlemead Court is a care home. People in care homes receive accommodation and nursing or personal care. 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:

Our unannounced inspection started on 17th December 2018 and ended on 18th December 2018.

What we did:

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority, clinical

commissioning group (CCG) and other professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with ten people and eight relatives to ask about their experience of the care 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.

We spoke with fourteen members of staff including the registered manager and care manager. During and following the inspection we spoke with three visiting professionals.

We reviewed a range of records. This included five people's care records and multiple medication records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Safeguarding systems and processes:

- There were policies in place for staff to follow to keep people safe from harm and although there were processes in place to safeguard people, we could not be assured that they worked effectively as not all staff could explain, if needed how they would raise a safeguarding issue with external safeguarding bodies.
- One person told us "There are one or two carers who I don't feel comfortable to call to help me, so I try to get to the toilet myself, I have poor eyesight, they say they have got others to think of."
- Most people told us they felt safe and that the service was their home. A relative told us "[Person] has anxiety and depression but they feel safe here and well looked after."
- There was a robust induction procedure for both contracted staff and agency staff.

Using medicines safely:

- The medicines system was not based on current best practice. For example; nurses leave crushed tablets on people's bedside tables for other staff or family members to administer, this practice could cause a risk to people not receiving the correct medication for their health needs.
- A person told us "My medication comes on time, when I first came I did my own medication but I made the decision to let staff do it."
- Records were kept when medicines were administered and full audits were regularly completed by management. The medication room was kept locked and daily temperatures were taken.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to reduce the risks to people and guidance was provided. However, some areas of risk had not been assessed following a person having a fall or change in need. Therefore, people were at risk of falling again or receiving care that was not appropriate to their needs.
- The environment and equipment was well maintained.
- We saw evidence of people being supported through positive behaviour plans where appropriate. These had detailed strategies to reduce the behaviour and where to document.

Staffing levels:

- There was a sufficient number of staff at the service. One staff member told us, "We have enough staff." The provider maintained a rota and ensured there were always enough staff on shift. This meant people received support in a timely manner and felt they could rely on staff to help them meet their needs.
- A relative told us "I think there are enough staff day and night. There always seems to be plenty of staff."

Preventing and controlling infection:

- Not all staff used plate covers when transporting food to people's rooms. Therefore, food may be served cold and would not be protected from contamination.
- The home has hard flooring and carpets, all areas visited appeared clean and hygienic.
- People told us "They keep the home very clean." "They come and clean my room when I have gone to breakfast, the whole building is kept very clean".
- A relative told us "The standard of cleanliness is very good and it's always nice and warm".
- We observed staff using appropriate personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's incidents, as well as staff or relative accidents.
- We reviewed a variety of the accident forms. Accident forms had adequate details recorded and the registered manager took appropriate action to investigate or review each incident. For example, one person sustained frequent falls. The service organised for an assessment be carried out so that appropriate equipment could be provided.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had comprehensive care plans in place, however these were not always updated when a change in their health care happened for example starting or ceasing to have a catheter. This meant that there was a risk of people's health deteriorating and staff not being aware of individual needs.
- Staff could verbally tell us people's individual needs.
- People's needs were assessed before admission to the service. These assessments were comprehensive. They covered people's physical and emotional needs. This meant the service had ample information to ensure they could provide effective care for them.

Staff skills, knowledge and experience:

- People we spoke with who lived at the home and their relatives told us they thought staff were trained to be able to meet their needs or their family member's needs.
- A person told us "Staff all know what they are doing, agency staff don't know so much but I tell them what help I need."
- All staff had appropriate training for their job role. Training was updated within the provider's required timeframes.

Supporting people to eat and drink enough with choice in a balanced diet:

- People who needed their food and fluids monitored had charts in place for staff to complete. The information was kept in various places therefore it would be difficult to ensure people had enough fluid and nutrition.
- A staff member told us that they did a trial of foods to ensure that people were offered foods they enjoyed. They also completed 'resident of the day' when people could choose their favourite meal.
- Staff also stated that a dietician visited regularly for people whose food intake gave cause for concern. We observed people having prescribed food supplements.
- We saw that people were given a choice of drinks. One person told us "I have a jug of water in my room and the staff give me cups of tea or coffee regularly."
- The meals were freshly cooked daily and were well presented. People told us "The food is lovely."

Staff providing consistent, effective, timely care within and across organisations:

- One person told us, "I feel safe, the staff come quite quickly if I need them. They come and check on me at night every hour."
- People could see the visiting GP who attends the service once a week but would also visit when required.

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

- One floor of the building was designed to meet the needs of people who lived there with dementia, the corridors were well lit and there were themed areas throughout.
- People were involved in decisions about the premises and environment; they could decorate their room how they liked. This meant people felt comfortable in their home and they could take ownership of where they lived.

Supporting people to live healthier lives, access healthcare services and support:

- The provider referred people to healthcare services including speech and language therapy, occupational therapy and dietician when needed.
- Referrals had been made to the memory clinic, palliative care and the falls team when that area of support was required.

Ensuring consent to care and treatment in line with law and guidance:

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- People had their capacity to consent to their care and treatment assessed as required.
- There were DOLS in place for people using the service to keep them safe from harm. The service kept records of the authorisations and applied for them appropriately.
- Staff were not always aware of when a person had a DOLS authorisation in place.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People we spoke to said they were well cared for and that staff were kind to them.
- A relative told us "The staff are wonderful, they have looked after me as well since [person's name] came in. They have a group of volunteers, one takes [person's name] into town for a coffee so they don't feel confined."
- Staff discovered activities one person used to enjoy which included playing a musical instrument and going to the pub. They purchased items to help replicate this greatly improved the person's wellbeing and reduced their anxiety.

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

- A relative told us there were always staff available to speak with them, which they appreciated. The registered manager and administration offices were located on the ground floor of the service where people could access them.
- Resident meetings were held regularly. Minutes from these meetings evidenced people discussed what activities they wanted the service to provide and the registered manager told us they were keen to ensure they occurred. The provider arranged a residents meeting after the inspection to discuss 'feeling safe' with people.
- The provider gave people the opportunity to feedback on the service by using a resident's survey.
- People had keyworkers. One person told us "I have a keyworker who looks after me, I have the choice of when I get up and when I go to bed."
- The provider used a 'resident of the day' scheme whereby the allocated resident can choose any meal for that day, have additional 1;1 support, their room deep cleaned and their care plan updated by staff.

Respecting and promoting people's privacy, dignity and independence:

- People told us that staff were polite and respectful. "They always knock before entering my bedroom."
- A person told us that they have a drawer in their bedroom so they can lock away any valuables.
- A relative told us "[person's name] was able to request female carers only." This was reflected in their care plan and we saw evidence that they only had female carers.
- Some people had special possessions that they were wearing or using during the day, such as blankets and dolls which gave them comfort. We saw staff supporting the use of these with people.
- Staff had put direction posters for a person's room number in the corridors which made it easier for them to find their room.

- People's right to privacy and confidentiality was respected. Documents were locked away and computers were password-protected, to prevent unauthorised access to personal information.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care:

- People told us they were happy that staff knew what care they needed.
- One person told us "I really like bingo, but I have difficulty hearing so they put the numbers up on screen for me so I can play."
- The care notes identified and recorded communication impairments, and steps were applied to ensure information was provided to people in a way they could understand it. One person had a laptop to communicate with staff, staff would communicate verbally and the person would write their responses, this supported the person to have their needs and wishes met.
- Care documentation explained what communication aids such as glasses and hearing aids, people required as part of their daily lives.
- The service had used pictorial menus in some parts of the service, however not all documentation had been developed into easy read or accessible formats.
- The provider had a very detailed policy on equality and diversity. This meant that staff could find out information regarding peoples' specific cultural or religious needs.
- We saw that activities were planned, on the day of inspection there was a quiz which people attended from all floors, there was a lot of laughter and people engaged well with the staff. There were also staff completing manicures and hand rubs. A relative told us "They are always doing something in the home."

Improving care quality in response to complaints or concerns:

- None of the people we spoke to had needed to make a complaint, but they said that they would go to a carer or the front desk if they were concerned.
- We saw evidence of complaints that had been dealt with appropriately and within the specified timeframe. The registered manager had audited the complaints to identify any trends.
- The complaints policy and procedure was clearly visible within the reception area.

End of life care and support:

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's personal, cultural and religious beliefs and preferences.
- People were supported to make decisions about their preferences. Other healthcare professionals such as GPs, community and palliative care nurses were involved as appropriate.
- The provider had a policy, based on national guidance in place to provide support to staff about the actions to be considered when a person was approaching the end of their life.
- The provider had ensured staff had received training to aid their understanding of supporting people at the

end of their life.

- The service continued to support families and friends before and after a person died.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager completed regular quality audits but these did not always effectively pick up any issues. For example, a person's records had been completed for another person in the service, this had also not been identified.
- The provider had not sought proof of people's lasting power of attorney. We discussed this with the registered manager who agreed to ensure that they gained all relevant documentation. This was completed during the inspection.
- Planned reviews of people's care were monitored to ensure they took place and that care plans or risk assessments were updated where needed. However, this system had failed to identify the lack of information in some risk assessments as well as the need for updated care planning information.
- There was a clear staffing structure in place and everyone understood their roles and responsibilities.
- Staff knew the registered manager and were positive about their availability "[registered manager] is very approachable and easy to talk to."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- The registered manager could clearly explain the ethos of the service and how this applied in the provision of care and support to people.
- The service evaluated their interactions with people, relatives, staff and other professionals through questionnaires. Where necessary, changes were made to practice and operations.
- People were protected against discrimination. There was a policy which covered the Equality Act 2010 and protected characteristics.
- We saw evidence of the registered manager completing their duty of candour responsibility after an incident had occurred.

Engaging and involving people using the service, the public and staff:

- Not all people we spoke to knew who the registered manager was.
- Staff meetings and supervisions were available for staff to share any feedback. Staff said they could make suggestions, raise concerns and felt confident these would be addressed.
- The provider advertised regular family meetings, however they were not well attended. A relative told us "I

haven't been to a meeting but I have never had any concerns or complaints, [person's name] is very well cared for.

- Staff said they felt respected, valued and supported.
- Staff and people living at Castlemead Court Care Home were involved with the local community. This included the local primary school visiting and people attending local carnivals

Continuous learning and improving care:

- The registered manager met with staff daily to discuss any issues, safeguarding, changes in people's needs and to communicate any information required.
- Staff identified positives from peoples past and tried to implement activities to replicate these.
- The registered manager is involved in My Home Life; My Home life UK is a UK initiative promoting quality of life in care homes for older people led by the care home sector in conjunction with City University and Age UK.

Working in partnership with others:

- We met with a professional who works with the staff supporting people who are living with dementia. They were positive about the staff and registered managers engagement, "The registered manager is open about trying things."
- The service demonstrated that they worked well with other agencies where needed, for example with the High Impact Team (HIT). The HIT works with local care homes to reduce the need for residents to go into hospital as 'unplanned' emergency admissions by proactively managing their health and care needs and focusing on prevention.
- The service ensured that they collaborated with other stakeholders to ensure the best possible outcomes for people.
- The service had correctly displayed our inspection rating in their office and on their website.
- The service submitted relevant statutory notifications to the CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.