

Castlewellan House

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Inspection report

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West Midlands
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Tel: 01384298321

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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:

Castlewellan House is a residential care home registered to provide personal care and support for up to 18 people aged 65 and over. At the time of the inspection there were 16 people living in the home.

People's experience of using this service:

People who lived in the home continued to be supported to remain safe. Management and staff knew people well and supported them with kindness and consideration. Staff knew how to keep people safe and had received training in safeguarding and how to reduce the risks of harm from occurring.

People received medications safely and risks to people had been assessed and managed to identify and reduce or address the impact of any known risks. People were supported to access healthcare services as needed and staff responded promptly to changes in people's health. Other aspects of safety, including fire safety and issues of personal safety, were well managed in the home.

People were supported by a team of consistent staff who provided kind and personalised care. Safe recruitment processes ensured people were supported by staff of good character. People were cared for by staff who were well trained.

People's preferences and experiences were known, and staff provided encouragement and enabled people to do as much as possible for themselves. People's rights were upheld and protected, and people received kind support and assistance to have choice and control over their day to day lives.

People were supported to maintain their health through a good diet that provided them with choice and addressed their nutritional needs. Drinks were readily available at all times. People continued to be supported in a comfortable home with access to all communal areas and private space as they wished.

People and staff were encouraged to provide feedback about the home. There was a range of effective monitoring systems in place to check the home was well managed and delivered care that enabled people to have a good quality of life. The registered manager and deputy manager were aware of their responsibility to report events that occurred within the home to the CQC and other external agencies.

Rating at last inspection: Good (report was published March 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Castlewellan 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 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:

One inspector carried out this inspection visit.

Service and service type:

Castlewellan House 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 home had a registered manager. 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.

Notice of inspection

The inspection was unannounced and took place on 19 March 2019

What we did:

Before the inspection:

We reviewed information we had received about the home since the last inspection in January 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the

information we require providers to send us at least once annually (the Provider Information Return) to give some key information about the service, what the home does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

During inspection:

We looked at the information we had gathered. We met and spoke with a number of people in the home, three people made specific comments about the support provided at Castlewellan House. We spent time observing staff working with and supporting people in communal areas. We also spoke with two relatives. The registered manager and the deputy manager worked closely together and engaged fully with the inspection visit. In addition to speaking with them, we spoke with two care staff in some detail.

We reviewed a range of records. This included two people's care records and medication records. We also looked at the training records of staff and staff rotas. We reviewed records relating to the management of the home and looked at a small selection of policies and procedures developed and implemented by the provider.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at the home. People and their relatives told us that they were well supported by staff. One person said, "You won't find anything wrong here. It's great."
- Staff were clear about issues that could indicate abuse and referred to action they would take to report any concerns and keep people safe.
- Staff had received training about safeguarding and received refresher training regularly.

Assessing risk, safety monitoring and management

- People's care and support needs were known to the staff who were clear about actions they would take to keep people safe.
- Risks had been considered and guidance was provided for staff on how to reduce the risk of people coming to harm.

Using medicines safely

- At the time of the inspection the medication trolleys were being stored in the kitchen because the corridor where they were usually kept had been redecorated. The registered manager advised that the two trolleys were due to be relocated after the inspection. Staff monitored the temperature of the trolleys twice each day whilst they were in the kitchen to ensure that medications were not being stored at too high a temperature, which could affect the efficacy of the medication.
- People received their medicines on time and in a safe way. Staff had been trained and followed the provider's processes when administering medication.
- The administration of medication was undertaken in an orderly and safe manner. We saw that people receiving medication were familiar with the routine in place.
- Some people had been prescribed medication to be taken 'as required'. Staff had a consistent understanding about when people would receive such medication.

Staffing and recruitment

- There were enough staff on duty to meet the care and support needs of people using the service. Care and support needs were promptly addressed by staff in respect of people whose needs had changed.

- The provider had processes in place for the safe recruitment of staff with references and criminal record checks carried out before staff commenced working in the home. These steps helped to ensure that staff were of good character.
- Staff vacancies, absences and periods of annual leave were being covered by regular staff working additional hours.

Preventing and controlling infection

- The home was clean and tidy in communal areas and bathrooms.
- Staff received training in how to reduce the risk of the spread of infection.
- The kitchen was clean and organised with good standards of food hygiene maintained. The last inspection of the premises by the food standards agency had taken place shortly before our inspection and the indicated rating awarded was the level 4, but this had not been confirmed. The food standards agency had made a recommendation in respect of storage of food in the fridge and the registered manager advised that had been immediately addressed.

Learning lessons when things go wrong

- The registered manager advised that they undertook analysis after any incident or near-miss to identify if there was any improvement or change that needed to be made reduce the risk of the incident happening again.



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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to admission into the home. Details of each person's dependency was recorded at that time and updated when there had been a change.
- Each person had individual care plans that covered all aspects of their care and daily lives. They had been reviewed regularly and updated as needed to ensure that people received consistent care from all staff.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided and considered some of the protected characteristics under the Equality Act 2010. These included any specific information related to how people were to be supported.

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. Staff advised that they had received good useful training that ensured they were delivering good care for people. One staff member advised, "Most refresher training is delivered on-line, but it covers mandatory topics."
- The registered manager and deputy advised that staff received additional training to meet people's specific needs in areas such as palliative care and dementia care.
- Records detailing training that had been undertaken or was due to be refreshed were up to date and accurate. These were used by senior staff to ensure that training was up to date.
- We were advised that all staff new to the home were required to complete induction training and that staff who were new to working in care or had no relevant qualifications were also required to complete the Care Certificate which covered essential standards to make sure new staff received core training to enable them to work safely and effectively. One staff member recalled that the induction training received had been comprehensive even though they had prior experience of working in care homes.

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

- We received a number positive comments from people about the meals they enjoyed, including, "The meals are good here;" and "I get a choice ... they know what I like and I always have it." Another person commented, "I really do enjoy the food here."
- Staff knew people's dietary needs, likes and preferences; staff encouraged people to eat a balanced diet to

maintain good health. There was a planned menu in the home with alternatives offered at each meal time.

- At lunch time most people chose to sit in the main dining room and other people had their meals served to them whilst they were either seated in easy chairs in the lounge or when they were in their own room.
- The registered manager advised that although a supper meal was available and offered every day only a few people ate a supper. They advised that they were going to promote the supper to people by taking a selection of snacks around to show people rather than the current practice of informing people what was available.
- People's requests and preferences were met. When people did not like the food that was planned on the menu, they requested and received an alternative. The home had past experience of providing food that met people cultural needs.

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

- People were supported by staff to receive consistent support through good communication with external agencies and professionals. The care plans in place for each person included how their healthcare needs were to be met.
- People saw their doctors when they needed and staff ensured that long term issues or plans were fully considered in care plans and followed.
- Staff ensured that people with specific healthcare needs had regular input from healthcare professionals such as district nurses, dieticians and speech & language therapists.

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

- Communal rooms were tidy, homely and free from any trip hazards or excess furniture that could present a risk to people moving safely around the home.
- Most of the people had single bedrooms and there was one double room on the ground floor that was vacant at the time of the inspection. The majority of bedrooms had en-suite toilets, with shared access to a shared spacious shower room located on the ground floor. There were toilets near to the communal rooms.
- There was a lift available to access the first-floor rooms and a ramped access was available at the rear entrance to the home should people be unable to negotiate the small step at the front door when leaving or entering the home.
- People were supported by staff to personalise their own rooms and staff undertook cleaning and tidying of the bedrooms for people.
- The registered manager advised that repairs and ongoing maintenance tasks were carried out promptly.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found that staff were working within the principles of the MCA. Staff supported people when needed by

talking through decisions they had made. We saw that staff supported people to make choices and have as much control as possible over all aspects of their lives.



Our findings

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

Good: ☐ 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 treated with kindness and compassion by staff. One person said, "It is very good here ... the girls are great."
- We saw caring interactions between care staff and people in the home. Staff greeted people when they saw them and people were offered support and reassurance when they were moving around the home.
- Staff knew people well and the exchanges between staff and people made this clear as staff provided support in ways people preferred.

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

- People were consulted about how much support they wanted from staff and were able to share their views in the periodic reviews of care plans that took place. People had regular opportunities to meet with the registered manager and the deputy to discuss their support needs.
- Staff encouraged people to share their views and opinions about how they were supported, and people were encouraged to express their views. For example, people determined their own routines including times when they wanted to go to bed and when they wanted to get up. One person said, "I get a cup of tea in bed in the morning. I like to rise early but I also go to bed early."
- Relatives were also involved in discussing and planning people's care when this had been agreed by the person living in the home.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to maintain their independence and to do as much as they could around the home. The walking aids for people were located near to them to encourage their safe use and ensure that people could move around whenever they wanted.
- People were able to maintain their privacy in their rooms and we saw that staff knocked and waited for a response before entering the room. One staff member said, "We only go in after a quick knock when the person has used their nurse call alarm from their room."
- There was provision in the double bedroom for people to have their privacy upheld with the use of fitted

curtains around the beds.

- Each person's written records were securely stored and when staff were updating records the records were not left unattended and could not be accessed by anyone else.
- People's confidentiality was assured by staff and discussions between staff and people about specific care or support needs were conducted in private.



Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People participated in activities that met their individual needs within the home. Staff provided support and checked frequently to see if people needed anything whilst they were engaged in their own preferred activity. People engaged in conversations with each other and seemed comfortable in each other's company.
- People told us about things they liked to do on their own. One person said, "I like reading and being quiet and I can do it here." Another person said, "I like watching television, eating biscuits and drinking tea – they let me do this which is just what I want."
- Staff were knowledgeable about people's preferences and routines and could explain how they encouraged people to continue with activities of interest to them.
- People were supported by a team of staff who provided kind and personalised care to people living in the home.

Improving care quality in response to complaints or concerns

- People said that they spoke with the staff or registered manager or the deputy if they had a complaint. Everyone knew who the registered manager and deputy was and had frequent contact with them.
- The provider had an established complaints procedure and process in place. The complaints procedure was on display in the home and was available for all people using the service and their relatives. The registered manager advised that the procedure was to be provided in large print for people to improve accessibility.
- Complaints received in the home were formally followed up and investigated.
- A staff member said that in respect of everyday issues, "We try to sort out any problems if we can and make a note of what we've done."

End of life care and support

- The home was not supporting anyone who was receiving end of life care at the time of our inspection. We were told that care plans and related discussions covered these issues and long-term plans were put in place for people as needed.

- Some staff were undertaking a short course specifically about supporting people at the end of their life, to enable them to better support people in the home.
- The registered manager advised that some people had provided some details about their final wishes and others had been reluctant to discuss end of life care.



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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions.
- Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or deputy to issues they raised. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation.
- The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.

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

- The registered manager and deputy were clear about their roles and understood the need to monitor all aspects of the quality of the service being provided.
- Audits of the service were completed monthly. The audits were comprehensive and detailed covering all aspects of the support and care provided.
- The Provider Information Return (PIR) informed us of the intention to use a computer-based record system to maintain records about the care and support offered to people and other aspects of the service. The system was to be introduced and used by staff in a planned way to ensure that staff had time to learn and get used to the method of recording.
- Notifications as required by regulations were shared with us so that we could see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People who lived in the home, their family members and visiting professionals were given the opportunity to have a say about the quality of the service through annual surveys. In addition, the registered manager advised that they used resident questionnaires to identify if there are any issues. The analysis of the responses received was undertaken promptly in the home.

- Staff had formal planned supervisions meetings twice each year and had opportunities to raise issues related to quality and development of the service at twice yearly staff meetings. The deputy manager advised that supervision and staff meetings were not held more regularly because information was often shared at handover meetings and through impromptu discussions. The registered manager advised that should it be necessary staff received supervision more often.

- The registered manager had informed us in the PIR that they intended to produce a newsletter for everyone connected with the home. The plans to introduce a newsletter were ongoing and the registered manager hoped that it would inform people of activities and plans related to the home.

- The registered manager advised that information in the home could be made available in large type if requested and when the newsletter was produced it would be produced in clear large print.

- Staff were supported to increase their skills and knowledge through completing National Vocational Qualifications and participation in short training courses.

- The PIR also included reference to the registered managers intention to use more online resources and information to help staff be better informed about developments in care practice.

Working in partnership with others

- The home worked in partnership with other agencies and records detailed how medical and health professionals had been involved in people's care.

- Relatives made positive comments about the staff indicating that they worked well to provide the level of care needed and involved them in discussions about plans and changes. Relatives said that they were always welcomed into the home.