Mrs Christine Lyte

Caythorpe Residential Home

Inspection report

77 High Street
Caythorpe
Grantham
Lincolnshire
NG32 3DP

Tel: 01400272552

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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

The inspection took place on 5 and 19 March 2018 and was unannounced.

Caythorpe Residential Home 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. It accommodates 14 people in one adapted building. There were 11 people living at the home when we inspected.

The home is owned by a single person and they have also registered as the 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.

At the last inspection we found that the provider was in breach of Regulation 19, fit and proper person's employed and Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of safe and well led to at least good.

At this inspection we found that the provider had made the necessary improvements in care provided. They had ensured that enhanced disclosure and barring checks had been completed on all staff and had ensured that the systems to monitor the quality of care provided were effective.

At the last inspection the home was rated as requires improvement. At this inspection we found that the provider had improved the quality of care provided for people and was rated as good.

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.

There were enough staff to meet people's needs. Staff had received training which supported them to provide safe care to people. Medicines were safely administered and staff knew how to protect people from the risk of infection.

People were able to make choices about their food, clothing and how they spent their time. People's dignity was respected and people's abilities were recognised and encouraged to maintain their independence.

Systems were in place to monitor the quality of care provided and action was taken to resolve any concerns found. People were given the opportunity to comment about the care they received and the information was used to drive improvements in the quality of care.

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.

There were enough staff to care for people safely and checks were completed to ensure staff were safe to work with vulnerable people.

Staff had received training in keeping people safe from abuse.

Risks to people were identified and care was planned to keep people safe.

Medicines were safely administered.

The home was clean and people were protected from the risks of infection.

Is the service effective?

Good

The service was effective.

People's rights under the Mental Capacity Act 2005 were respected.

People were supported to eat and drink safely.

Staff worked collaboratively with each other and with other organisations to ensure people's care met their needs.

Staff received training which supported them to provide safe care in line with good practice.

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

People were supported to make choices about their lives.

People dignity was respected and their independence encouraged.

Is the service responsive?

Good

The service was responsive.

People had been involved in planning their care and care plans reflected people's individual needs.

People were supported to engage in hobbies and activities.

Staff understood and followed what was important for people's end of life care to ensure their comfort, dignity and wishes.

Is the service well-led?

Good

The service was well led.

Audits were in place to identify concerns and action was taken to improve the quality of care people received.

People living at the home and their families were able to input into the development of the care provided.

Caythorpe Residential Home

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.

The inspection took place on 5 and 19 March 2018 and was unannounced. On the first day the inspection team consisted of an inspector 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 dementia service. The inspector visited on the second day as the provider was not available on first day of the inspection.

In preparation for our visit we reviewed information that we held about the home. This included the provider's service improvement plan, which they sent to us following our last inspection. As well as notifications about any significant events which happened in the home that the provider is required to tell us about. We reviewed information that had been shared with us by other agencies including the local authority care commissioners and safeguarding teams. We also used information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make.

We spoke with the provider, two members of care staff, the cook and the activities person. We also spoke with four people living at the home and two visitors to the home.

We looked at a range of documents and written records including four people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of care provision.

Good

Is the service safe?

Our findings

At our inspection on 3 May 2017 we found that the provider had only completed basic disclosure and baring service checks on new staff instead of the enhanced checks required that are required by law to help protect people from the risk of harm or abuse. This was breach of regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 fit and proper persons employed. Following our inspection he provider wrote to us and told us they would ensure that the correct checks were completed for all staff they employed.

At this inspection we found that the provider had made the improvements needed to ensure that staff were safe to work with people living at the home. All staff had the enhanced disclosure and baring checks completed and the provider had requested two references for new staff working at the home. The provider was now meeting this regulation.

One relative told us, "I know my family member is safe here and I have full peace of mind. The staff appear to treat everyone safely and know what they are doing." People were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that they could raise any concerns with the provider and that the provider would try to resolve the issue. In addition, they had recently discussed in a team meeting how to raise concerns with external agencies such as the local authority safeguarding team.

The provider worked with the local authority safeguarding team to keep people living at the home and their family members safe from abuse. Any safeguarding concerns were fully investigated and action taken to reduce the risk of similar events occurring.

At our last visit we identified two environmental risks to people, these were that radiator covers were not securely fixed to the walls and that call bell leads were trailed across the room when people were in bed leaving a trip hazard. At this inspection we saw that the provider had taken note of both of these concerns. All the radiator covers were now securely fastened to the wall and people's call bells were now able to be place within the person's reach without leaving a trip hazard.

Other risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Where people needed support to move around the home safely, a risk assessment was completed to ensure that equipment was available to meet people's needs. In addition, it identified how many staff were needed to safely support the person to move. Care staff were able to calm and reassure people if they became distressed.

Staff had identified that some people were at risk of falling. A risk assessment had been completed and pressure sensor mats had been placed at the side of their beds. This would alert staff if the person got out of bed in the night. This meant staff were able to respond immediately to support the person to move safely.

There was a fire risk assessment in place along with a personal evacuation plan for each person so that the emergency services would know the level of support people needed in an emergency. In addition, each person's bedroom door had discrete information in relation to their ability to evacuate the home during an emergency. These systems would help people to be safe in an emergency.

Staffing levels supported people to receive safe care. A relative told us, "I think there is enough staff on. I suppose if they were bathing someone and it takes two of them, then it would be more difficult; but it never seems chaotic." The provider told us that they had carefully established how many care staff and other members of staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. We saw that people received their care in a timely fashion.

We found that suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. A relative told us, "As far as I am aware the medicines have always been given to him when required."

Medicines were safely administered and accurate records kept. Where people required medicines prescribed to be taken as required, there were protocols in place to support staff to administer these in a consistent manner. Medicines were stored safely and only staff that had been trained in the safe administration of medicines had access. We found one handwritten MAR sheet which had not been double signed. This increased the risk of an error being made. We raised this with the provider who told us they would ensure that the entry was checked and signed.

We found that suitable measures were in place to prevent and control infection. A relative told us, "I think the cleanliness is fine; the rooms are always clean and tidy and the bedding changed regularly." Staff we spoke with were able to tell us how they worked to minimise the risk of infection. For example, by using protective equipment such as gloves and aprons and changing them each time they supported a different person.

Staff had a cleaning schedule in place which they followed to ensure all areas of the home were cleaned. They told us that they had completed training in how to keep people safe from the risk of infection. For example, they had received training in how to clean up any body fluid spillages correctly. There was guidance in place on how to use different coloured cloths in different parts of the home to reduce the risk of infection and staff followed this guidance.

We found that the provider had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. This included regular analysis of any accidents or health incidents to check for trends and patterns so that they could establish why they had occurred and what needed to be done to help prevent any recurrence.

Good

Is the service effective?

Our findings

At our inspection on 3 May 2017 we found that it was not always clear if decisions had been made in people's best interest. This was a breach of regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent.

At this inspection on 5 and 19 March 2018 we found the provider had made the improvements needed and was now meeting the regulations. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Where staff identified concerns that people living at the home may not be able to give their consent to living at the home the provider had ensured that appropriate applications were submitted to the relevant local authority DoLS team for assessment and formal authorisation. Some people living at the home had an authorised DoLS in place and the home was secure so that they could not leave unaccompanied. There was no one living at the home who had conditions on their DOLS.

Staff had received training in the MCA and knew to assume that people had the capacity to make decisions unless there was some indication that this was outside of their capability. People's ability to make decisions was reviewed and where needed mental capacity assessments were in place. Where people were unable to make decisions, the provider had ensured decisions were made in their best interest involving family members and healthcare professionals.

Arrangements were in place to assess people's care needs and choices so that care was provided to achieve effective outcomes. This meant that the provider was able to assess if they could meet people's care needs and if policies in place would support the care people needed. The provider's policies and procedures were available in the home for staff to access for advice and support. Staff were notified if any of the polices were updated so that they could review the changes.

Records showed that new care staff had received introductory training before they provided people with care. Staff told us they received a structured induction which included shadowing a more experienced care worker and completing training required in areas such as infection control and the Mental Capacity Act 2005. New staff were supported to complete the care certificate and their practical skills were assessed. The

care certificate is a national set of standards which provide the basis skills needed to provide safe care. In addition, staff had also received on-going refresher training to keep their knowledge and skills up to date. Relative said they were happy with the care provided by the care staff and they thought the staff were competent and trained.

Staff told us that they had regular meetings with the provider. This enabled them to raise any concerns they had about the care people received and also to discuss any training requirements they had. These measures ensured staff had the skills to care for people safely.

A person living at the home told us, "The food is very good here and it is all home cooked." People were offered a choice of food and were supported to understand their meal choices with pictorial menus.

Nutritional risk assessments had been completed for people. Where needed people had been referred to healthcare professionals to check if they were eating safely or if they needed their food in a fork mashable or pureed consistency. Where people were at risk of being unable to maintain a healthy weight, staff encouraged them to eat more and if needed they were referred to their doctor for supplements to increase their calorie intake. People had been referred to a dietician when needed and had been included in discussions with the dietician about any changes they could make to their diet to support their health. Dietary intake charts were in place to monitor people's their progress.

People were offered hot and cold drinks throughout the day. We saw at mealtimes people were offered a choice of drink and wine was served to those who wanted it.

Suitable arrangements had been made to ensure that people received effective and coordinated care When people were referred to or needed to move to other care providers. The provider and staff engaged with health and social care professionals to support people's needs. An example of this was engagement with a social worker when a person's health was deteriorating and the home was no longer able to meet their needs. People had an emergency grab sheet in their care files, which included important information about them. This could be taken to hospital with them so that important information about the person was shared. In addition, we saw that staff continually passed information to each other about how people's days were progressing and they shared if they had concerns over people. Staff worked together as a team to ensure that people's needs were net.

People were supported to live healthier lives by receiving on-going healthcare support. A relative told us, "They have certainly kept me extremely well informed regarding GP and hospitals, lines of communication are excellent." Care plans showed that healthcare professionals had been involved in people's care when needed. For example, we saw one person's care plan noted that they had recently been seen by the doctor and an optician. People's care records showed people were supported to access healthcare as they would have done if they lived at home.

The home is in an old building which has been adapted to meet people's needs. The communal areas in the home and the bedrooms were pleasantly decorated; however, other areas were in need of attention. An example of this was one person's room that the en-suite toilet was out of order. We discussed this with the provider who explained that the person in that room would flush paper towels down the toilet and cause a blockage. The provider told us that they had arranged for the toilet to be removed and for the person to have a commode instead. This showed there were systems in place to monitor the environment and take action when needed.

Good

Is the service caring?

Our findings

People received care from staff who treated them with kindness and gave emotional support when needed. People living at the home and their relatives told us that staff were kind and caring. One person living at the home said, "The staff are good and have a great sense of humour, like I have I hope." Another person said, "They are all so kind and caring towards me, and the others here. They really do care in the fullest sense of the word." A relative told us, "They treat me so well too when I visit, just like one big family. It's always a pleasure to come and visit my family member and I leave with total peace of mind knowing they are in the safe hands here."

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Staff told us that people were offered choices about their food. One member of staff told us, "We treat this as the people's home and if they want something then they can have it." Staff also told us how they supported people to make care and daily living choices. An example of this was simplifying choices for people and giving them options. Records showed that staff had respected and followed the choices people made. An example of this was a person who had chosen not to be weighed on a regular basis.

People's preferred method of communication had been identified. For example, one person was able to understand verbal communication better than written communication. This helped staff to support the person to make decisions and choices about their care.

People's privacy, dignity and independence were respected and promoted. An example of this was one person's care plan showed they had difficulty eating and drinking independently because of their health condition. The person's care plan noted that they had tried to eat independently and that this should be encouraged. We saw that this person was encouraged at lunchtime to be independent with using their cutlery. Staff worked with people to support their dignity. For example, one person was struggling to maintain their skin health due to their incontinence. The provider was working with healthcare professionals and had arranged a meeting to discuss options that would improve the health and well being of the person.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use.

Good

Is the service responsive?

Our findings

People were happy living at the home. A relative told us, "I have total peace of mind knowing he is in safe capable competent hands. His health improved incredibly when he came here from another home. I love coming here too; they make me so very welcome. They really do care in the fullest sense of the word and treat everyone with dignity and respect. I can't speak highly enough of this place."

We found that people received personalised care that was responsive to their needs. This included their right to have care and service information presented to them in an accessible formats to help people understand. The provider had ensured that information was available in an accessible format when needed. For example, food choices were available in picture format for people living with dementia who had difficulty understanding spoken words. People's communication needs were recorded in their care plans.

People told us that they had been involved in planning their care. Where people had been unable to be involved in planning their care their relatives or others they had requested make decisions on their behalf had been included. Care plans contained the information needed to provide safe care.
An example of this was people's long term conditions were identified in their care plan and the care needed to keep them safe was identified. In addition, where needed equipment was requested to help people remain social. For example, a portable oxygen machine was requested for one person so that they could spend time in communal areas.

Some people living at the home could become distressed. These incidents were recorded and contributing factors to the distress were identified and care was planned to reduce these as much as possible. Care plans contained information of what staff could do to minimise this behaviour and how to recognise when people may be becoming distressed. Staff told us how they had received training in how to support people when they were distressed. This included using diversions to focus the person on a positive for example, by offering them a cup of tea or spending time with them looking at their photographs. This supported people to become calm and reduced the need to rely on medicines to calm people down.

People showed us and records confirmed that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. An example of this was a person who chose to have a daily walk accompanied by a member of staff for safety. People's favourite activities were listed in their care plan. We saw the activities co-ordinator spent time with people individually. This included providing people with hand massage and nail manicures as they chose. We also saw a group activity of name the song. We saw that people embraced the activity and enjoyed themselves. One person told us, ""We often have a good old sing a long, we love it." Another person said, "Singing is one of the best things we do. It really lifts us, all of us and reminds us of when we were younger. Sometimes we have a little dance to them."

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. The wishes of people and their family regarding the care at the end of their lives were discussed, recorded and respected. An example of this was a person who had chosen

not to go to hospital but to remain at the care home. The provider had ensured that their wishes were recorded and discussed with their next of kin so that everyone was clear on how to support the person to have a dignified death. In addition, staff liaised with other agencies to ensure they had the right medicines available to help people remain pain free at the end of their life.

There were arrangements in place to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Information was available to people on how they could raise any concerns they had. There had been no formal complaints received since our last inspection.

Good

Is the service well-led?

Our findings

At our inspection on 3 May 2017 we found that the provider had not always taken action to improve care where they had identified issues. This was a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. Following our inspection the provider wrote to us and told us they would ensure that they would implement all the changes needed.

At this inspection on 5 and 19 March 2018 we found the provider had made the improvements needed and was now meeting the regulations. The provider had audits in place to monitor the quality of care provided. Where the audits identified areas of concern the provider took action to improve the quality of care people received. In addition, they took notice of external audits such as the infection control audit completed by the local authority and a pharmacist audit to improve the safety of the care they provided. An example of this was that the last pharmacist inspection visit had suggested that they start to use protocols for as required medicine. These were in place showing that the provider responded to advice from professionals.

In addition, we saw that the provider had taken action regarding issues of concern, which we had identified at the last inspection. For example, we raised concerns about the hot water in some areas being too hot and that people were at risk of being scalded. At this inspection we found that the provider had taken action and the water was at a pleasant but safe temperature.

People living at the home told us they liked living there and their relatives were happy with the standard of care they received. One person told us, "The [care workers] here are very good to me and the activities lady really spoils me. She does my nails and that and spends lots of time with us doing things. We are all very well looked after, it's excellent. The food is always very nice and home cooked; they would do something different if you wanted." A relative said, "It`s not a clinical place here, it`s very homely. I have total peace of mind. I would be ok living here myself so that should say it all."

Relatives said they knew who the manager was and that she is very hands on and approachable. In addition, people living at the home and their relatives were happy to raise concerns or ideas for improvements and were given the opportunity to do so in residents' and relatives' minutes. One relative said, "I have been to Relatives meetings and had opportunity of offering suggestions and advice which has been acted upon. The provider is a hands on person and gets stuck in, she's always involved with the residents. They all keep me very well informed and ring me all the time; and I feel I can ring here whenever I like and not feel uncomfortable about it or an inconvenience. He wouldn't be in here if he, or I, wasn't happy I can tell you."

We noted that the registered persons had taken a number of steps to ensure the service's ability to comply with regulatory requirements. There was a registered manager in post. The provider had ensured that they notified us about any significant incidents when they occurred at the service.
It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website.

We found that a number of systems were in place to help care staff to be clear about their responsibilities. Staff also had team meetings and they had to attend them regularly or the provider would take disciplinary action. Incidents and changes in best practice and legislation were discussed in team meetings to ensure that staff were up to date with the latest best practice guidance and people's needs.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included members of care staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. In addition, the provider was a trained assessor for national care qualifications and as part of this role they were required to keep up to date with changes in legislation and best practice.

We found that the home worked in partnership with other agencies to enable people to receive 'joined-up' care. They ensured that they shared information with other agencies to support people's joined up care when people moved between services.