Colten Care (1993) Limited

Castle View

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 23 and 24 May 2016.

Castle View is registered to provide care and accommodation for up to 57 people. The home specialises in the care of older people.

The last inspection of the home was carried out in May 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. 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.

People were supported to take part in stimulating and meaningful activities. Some people belonged to an art club and had recently held an art exhibition to raise funds for a local charity. Whilst other people made craft items which they sold to raise funds for the local children's hospice. As well as fundraising activities linked with the local community people enjoyed a fall programme of activities in the home. One person said, "There is plenty to do and no one forces you if you chose not to join in." On both days of the inspection we saw people taking part in a poetry morning, joining in with word games and enjoying a cream tea of homemade jam and scones.

People living at Castle View told us they were happy with the care and support provided. They said the manager and staff were open and approachable and cared about their personal preferences. They kept them involved in decision making around their care and the everyday running of the home. One visiting relative said, "Castle View should be a bench mark for care, they are brilliant, the staff are wonderful. One person said, "It's home and I am really happy living here. I can come and go as I want and nobody stops me."

Everybody told us they felt safe living in the home, one person said, "Yes I feel very safe living here, they are all very nice." One visiting relative said, I feel [the person] is very safe and well cared for when I leave" The home also ensured people were safe by ensuring visitors were escorted to the area of the home they wanted to go to and contractors wore a red lanyard to show they had been signed in at reception.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Staff took time to talk with people during the day and call bells were answered promptly. Staff carried pagers in their pockets so people living in the home were not disturbed by a ringing bell all day. However the lunch time experience for people on the first floor was not supported by sufficient staff at that time of day. Staff said the shift patterns meant they needed more staff to cover the lunch time when seven people needed assistance to eat. We discussed this with the registered manager who

agreed to look at the meal time deployment of staff immediately.

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Staff had access to training specific to their roles, and the needs of people. They were encouraged to follow a career development pathway such as training as a registered nurse. Staff were able to tell us what they had learnt and how they had put it into practice. New staff attended induction training sessions to gain a qualification known as the Care Certificate. We saw evidence of regular, planned, one to one supervision sessions for staff. Each staff member had a named supervisor and the records showed staff had received regular one to one and team meetings. This meant staff had support to discuss how their role was going and to plan for their training needs.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care and/or a relevant representative. People's needs were discussed with them regularly as the 'resident of the day' and any changes agreed. All care plans included the person's written consent to receive care. One care plan had a section that had been written by the person showing staff how they preferred to be cared for. Staff had comprehensive information and guidance in care plans to deliver consistent care the way people preferred.

Colten Care Limited has organisation values which are friendly, kind, individual, reassuring, and honest. A values conference had been held for staff to discuss the values they wanted and to understand what the organisation wished to promote. The registered manager also had their own philosophy for the home. They said, "It is about supporting residents to live their lives the best they possibly can. We aim to give relatives back their relationship and provide the best quality end of life care we can."

Safe procedures had been followed when recruiting new staff. Checks and references had been carried out before a new staff member started working in the home. This meant that new staff were suitable for the job they had applied for and there was a robust recruitment process in place.

People saw healthcare professionals as required for example the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff and put into practice. The registered manager was supported by a regional operations manager who supported them with their one to supervision and identifying day to day issues in the home. They were also supported by a quality manager who carried out regular whole home audits which looked at improvements the organisation could make to the service they provided. A learning and development manager was also available to ensure training plans were in place and training was booked and specific to the needs of people in the home.

Medicines were administered safely. Medicines were administered by staff who had received suitable

training. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

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 systems to make sure people were protected from abuse and avoidable harm.

Staff had a good understanding of how to recognise abuse and report any concerns.

There were enough staff to help maintain people's safety.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Outstanding

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

People were supported to continue with lifelong hobbies. A programme of meaningful activities were in place which enabled people to maintain links with the local community and feel they were still able to make a contribution to local charities.

People knew how to make a complaint and said they would be comfortable to do so

Is the service well-led?

Good

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

Castle View

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 May 2016 and was unannounced. It was carried out by an adult social care 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 care service

Castle View is registered to provide care and accommodation for up to 57 people. At the time of the inspection there were 53 people living in the home. The home specialises in the care of older people, providing both personal and nursing care.

The last inspection of the home was carried out in May 2015. No concerns were identified with the care being provided to people at that inspection.

We reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people who lived at the home, four visitors, seven members of staff, and a visiting healthcare professional. The registered manager was available throughout the inspection. We also spoke with the regional operations manager, quality manager and learning and development manager.

We spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included three care plans, three staff personnel files, the records related to the administration and

storage of medicines, minutes of meetings and records relating to the quality monitoring within the home.

Good

Is the service safe?

Our findings

People said they felt safe living at Castle View, one person said, ""Yes I feel safe I've never thought about it. The staff come round and shut the windows and lock them and to be honest I have no concerns what so ever" A visiting relative said, "Yes we have no issues about being safe the security is good and there's enough staff I think to look after [the person]."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files showed new staff did not commence work until all checks had been carried out. One staff member confirmed the registered manager had obtained references and a DBS before they started work.

People were protected from harm because staff had received training in recognising and reporting abuse. One staff member said, "The training was really good, I have never heard anyone raise their voice or get cross, it is a lovely place to work." Staff had attended training in safeguarding people and they had access to the organisation's policies on safeguarding people and whistle blowing. There was clear guidance on the wall of the nursing station on how to raise a concern if they witnessed abuse. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. One staff member said, "I would have no problem reporting any concerns, I am confident anything I reported would be dealt with appropriately."

The service also had clear guidance on protecting people when visitors entered the home. At one resident meeting people had been reminded that, "Visitors are escorted to the area they are visiting. Contractors will wear a red lanyard so staff will know they have been signed in at reception." We observed during our inspection a visiting contractor was asked to wear a red lanyard before accessing the home. The new staff induction programme included safeguarding children, the record stated, "Whilst we do not have children in residence, if they come to the home we have a duty of care, hence this standard is read and signed." This meant the service ensured the safety of children whilst on the premises.

People were supported by adequate numbers of staff to meet their needs and keep them safe. Throughout the inspection we saw people received care promptly when they asked for help. People had access to call bells, and to call pendants if they were away from their room, to enable them to summon assistance when they needed it. When asked if they had access to a call bell one person said, "Yes I have it by my chair and yes I have pressed it and they come very quickly" A visiting relative said, "Bells are always answered quickly and there are always enough staff on duty." A visiting healthcare professional said, "There always seems to be enough staff around when I am here."

Care plans and risk assessments supported staff to provide safe care. They were reviewed monthly or when needs changed and contained information about risks and how to manage them. For example, there was

information about people's assessed risks relating to falls, skin vulnerability, nutrition and moving and handling. On a day to day basis, staff shared information about people at risk during the handover between shifts. A ten @ ten meeting was held every morning with the heads of all departments when crucial information could be shared so everybody was aware of any new risks. For example, The chef would be made aware of any changes to people's diets and any additional supplements needed.

Where people were at risk of weight loss this was highlighted in the care plans. Staff used a recognised Malnutrition Universal Screening Tool (MUST) to assess risk and this was included in the care plans. People who were identified as at risk were weighed regularly. Where weight loss or gain had been identified, adjustments to their diet had been agreed with them, and progress towards a safe weight was monitored.

We looked at the way people's medicines were managed and stored. Medicines were administered by registered nurses and senior health care assistants. All staff administering medicines had received training in the correct procedures to follow and a competency check was carried out to ensure they remained up to date with current best practice. Guidance was in place to ensure staff followed the correct procedures when administering medicines. For example there was clear a copy of "Good practice guidelines for use of Warfarin." This is a blood thinning medication that needs to be monitored closely and involves varying the dose administered.

People told us they received their medicines at the right time. One person said, "They are very good at doing the medicine round, I get my tablets on time every day, can't remember when I had to wait." Another person said, "I sometimes ask for a pain killer, they are really good and get them straight away for me." If a person managed their own medication, a clear risk assessment was in place which was reviewed regularly to show they were able to manage their medicines safely.

We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked these records against stocks held and found them to be correct.

People's medicine records contained an up to date photograph, this ensured the right person received the medicines. We also saw specific temporary care plans in the medicines records for the administration of antibiotics for one person with a chest infection. This meant all staff were aware of the temporary need for antibiotics. People's medicine records also contained protocols for the use of as required medicines such as pain killers or aperients for constipation. These ensured staff knew when to administer the as required medicines. Most people in the home could inform staff if they were in pain. However for those who were unable to communicate their discomfort staff could carry out an assessment using a pain chart which described the ways people showed discomfort non-verbally through body language.

Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw these were stored and records kept in line with relevant legislation. The stock levels of these medicines were checked by two staff members when administered. If the controlled drug was not being administered regularly two night staff would check the stock levels every evening to ensure they were correct. We carried out a random check of the controlled drugs and found the stock levels to be correct. .

Risks to people in emergency situations were reduced because a fire risk assessment was in place and was reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. These included checks of the fire alarm system, fire fighting equipment, fire doors and hot and cold water temperatures. The call bell system had also been serviced and was maintained in good working order

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Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "They all know exactly what I like and want to do," Another person said, "I think they are all very well trained never met one who did not know what they were doing." One visiting relative said, "They know [the person] so well, they look after them very well indeed."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. All new staff were also working towards a nationally recognised qualification known as the Care Certificate. One staff member said, "I am enjoying it, nothing is rushed they give you time to learn and get used to the residents. I was asked if I felt confident to work on my own whether I would like longer shadowing."

After staff had completed their induction training they were able to undertake further training in health and social care and subjects relevant to the people who lived at the home. Staff told us training included; understanding dementia, fire safety, infection control and nationally recognised qualifications in care. Staff received regular training updates to make sure they were working in line with current good practice guidelines and legislation. One staff member said, "Training is really good, plenty of it, I have done my NVQ2 (National Vocational Qualification), and just completed level 3, they supported me all the way through." Staff were also supported to develop career pathways, for example the organisation supported staff to move on and train as registered nurses.

Training specific to people's individual needs was also in place. For example staff were able to access the local hospice for end of life training. Registered nurses had been put forward for use of syringe driver training to support pain free end of life care. We saw in the training plan the course had been booked and a date agreed. The learning and development manager explained how they had a 90 day training plan for the service so all training was booked in advance. They visited the home on a two monthly cycle and discussed with the registered manager any support needed to improve current practices. The provider was organising a "Nurses Conference" for all the registered nurses within the organisation. This was due to take place in June. The conference would address concerns and support registered nurses with the validation process. A leadership speaker was booked to encourage nurses to think about their roles as team leaders.

People were supported by staff who received regular supervision. These were done through formal team and one to one meetings. Staff confirmed they received regular supervision meetings. One staff member said, "It is a good time to talk about the work we do, any concerns we have and any training we would like to do." Supervision meetings were also used as learning sessions, for example we saw records which showed staff had discussed areas such as dehydration, pressure care, record keeping confidentiality and safe use of thickening agents. This meant staff were kept up to date with current best practice to ensure people were cared for effectively.

Staff monitored people's health and ensured people were seen and treated for any acute or long term health conditions. We observed staff handover between shifts which showed staff noticed changes in people's well-being. One visiting professional said, "All the staff seem to have a very good knowledge of people's needs, and the medication they are on."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists. Staff confirmed they had used prescribed food supplements and high calorie diets for people with weight loss. The Ten@Ten meetings ensured the chef was kept aware of any changing needs around people's diets. The chef also met people on a regular basis to discuss their preferences and dietary requests.

Castle View operates hotel style care with staff doing all care needs and waiter/waitresses providing fluids and snacks throughout the day as well as providing a waiter/waitress service at meal times. The dining room was very well presented with tables laid appropriately. Most people would go to the main dining room for meals however some people who required extra support preferred to have lunch in the Café area because it was quieter.

Just before lunch people would meet in the lounge area for "pre-dinner drinks." The atmosphere was relaxed and cheerful with people talking about their day and the meal to come. Everybody said the food at Castle View was of a high standard and they enjoyed the mealtime experience. One person said, "The food is good here and a good choice and I think if you don't like what you see they would cook you something else." A menu with choices was displayed at the entrance to the dining room and a TV monitor also showed the choices of the day in the entrance hall. We observed the staff were very attentive to people's needs and asked if they wanted food cut up or any assistance.

However the lunchtime experience for people on the first floor was not as relaxed. Staff appeared to struggle to assist everybody. One staff member was observed to be trying to assist three people at the same time. There were three staff on the first floor and seven people required assistance to eat. One staff member left to assist a person with personal care and another staff member left the floor to get extra food. This meant at one time there was only one staff member on the floor. We asked staff if they were short staffed some said yes and this was a good day. However another staff member explained. "It's not down to lack of staff, but mealtimes also happens when there is a shift change and staff on long days need to start going for lunch." We discussed this with the registered manager who immediately looked at the way staff were deployed at meal times. The quality manager and registered manager agreed an extra shift to cover lunch so staff shift changes and lunch breaks did not have an impact on the meal time experience for people.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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. Care plans included MCA assessments and clearly stated if the person had capacity to agree and give consent. Most people in the home had capacity to consent One staff member said, "It is important to remember to take it slowly and explain clearly and most people are able to understand what you say and give some level of consent at the time. So long as they have enough information." Staff confirmed their training had included the MCA. We saw in supervision records staff would be given scenarios to work through involving the MCA.

The registered manager confirmed if a person lacked capacity a best interest meeting would be held with the people relevant to them and their needs. The registered manager obtained proof that relatives had obtained the correct legal lasting power of attorney, before they were able to give consent on a person's behalf. Staff were aware of the need to obtain consent on a daily basis. We observed staff explaining to people what they needed to do and asking if it was alright before they carried out any tasks.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a DoL's application had been made for one person who required constant supervision. A best interest meeting had been held with family and healthcare professionals and a best interest decision made and recorded.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who showed patience and understanding when supporting them. Everyone was very complimentary about the staff who worked at the home. When we asked if staff were caring one person said, "Oh yes they always call me by my first name which I like, and they always knock on my door before they come in to my room. If they're doing anything they always close the door so nobody can see you" One visiting relative said, "Castle View should be a bench mark for care, it is brilliant the staff are wonderful they are all very welcoming any time of day."

Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged everyone. Staff had a good rapport with people and friendly, cheerful relationships were observed throughout the day. In the morning we observed a poetry session and word puzzles, everybody was cheerful and joined in with reading a poem. The interaction between the activities organiser and the people taking part was relaxed friendly and stimulating.

Throughout the day we observed waiter/waitress staff offering people fluids and snacks. They all had a very kind cheerful and caring approach. We saw they always knocked on doors and checked people were not receiving personal care before they went in.

Staff respected people's privacy. All rooms at the home were for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. Staff knocked on doors and waited for a response before entering. We noted staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs.

People were treated with respect and dignity. When people required support with personal care this was provided discreetly in their own rooms. We asked people if they felt staff treated them with dignity and respect. They all said they had never felt staff didn't treat them properly.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis. Staff sat with the person and asked what they thought their needs were and discussed ways to help them meet those needs. This enabled people and relatives to make comments on the care they received and voice their opinions. The service operated a 'resident of the day' system. This meant staff would concentrate on reviewing any changes with the person. People had said they wanted to know when they would be resident of the day so it had been agreed with people that a list would be on the activities noticeboard that they and staff would understand and would not identify people's names. Some people said they had seen their care plans and agreed with it whilst others indicated they knew they had one but had not seen it. Care plans included people's signatures and one care plan had parts that had been written by the person themselves.

People's views were also sought through resident meetings, meetings with the chef and annual

questionnaires, families were also asked for their comments and if they could suggest any improvements. As well as the annual satisfaction questionnaire an independent person would visit the home and ask people about their experiences and any suggestions for improvement.

Castle View had attained the Gold Standards Framework (GSF) accreditation. The GSF is a nationally accepted approach to providing better outcomes for people approaching end of life care. Care plans included advance decisions for people, which showed staff had taken the time to have a conversation about how they would like to be cared for when approaching end of life and possibly not able to make those decisions. This meant people could be assured their wishes would be carried out and respected. As part of their continued improvement programme an audit of the way end of life care was provided is carried out. This asks, "What went well? What did not go well? What can we improve?"

Outstanding ☆

Is the service responsive?

Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time, for example. One person said, "This is my home now and that is how they see it too, there are no restrictions and I can come and go as I wish. I go out in my scooter most days."

The registered manager and staff ensured people were able to take part in a range of activities according to their interests. For example following comments at a resident meeting, activities had been included in the evening to make people feel more at home. One person said, "Obvious really it is the evening you settle down to do something." Another person said, "Never a dull moment, plenty to do if you want to join in. If you want to opt out they don't start forcing you." A full programme of activities was advertised around the home. The weekend before the inspection the Castle View art club had held an exhibition and invited the mayor and people of Dorchester to view their works. As well as the art club people also made craft items for their 'enterprise project.' People made things such as knitted baby clothes, cards etc to sell and raise funds for their chosen charity. People living in the home had chosen Julia's House as their charity this year. Julia's House is a local children's hospice. People had joined in a session with a speaker from the hospice and some people had asked to visit to see the work they did, this had been supported by the home with staff and transport. People told us it was important to them to continue to have links with the community, one person said, "It makes me feel I am still useful." This meant people were supported to feel they were still able to contribute to the local community.

During the morning of our first day people joined in a word quiz and word games. On the second morning people joined in a poetry group. People recited poetry from books and some people recited poetry from memory. We saw one person really enjoying the attention as they recited a poem they said they could remember from school.

The activities organiser explained how they also tried to promote fresh air such as going for walks and spending time in the garden. Even sitting next to an open window was encouraged so people could see what was happening in the garden. After lunch on both days of the inspection people were asked if they wanted to go for a walk or sit in the garden, two people sat by an open window told us they were bird watching as the bird table was nearby. The activities organiser described how they aimed to give people a purpose in life, for example one person enjoyed knitting even though on occasions they remained in bed. On the first day of our inspection we met this person sat up in bed knitting a baby's cardigan. They showed us their knitting and proudly told us they were helping to raise funds for the children's hospice. The person was very happy they were still able to continue with a lifelong hobby and contribute to a local charity. Others enjoyed card making, craft ideas, flower arranging and pottery. Some people enjoyed trips out and for those who tired easily short trips were arranged. On the first floor there was a café which people could visit at any time for a chat with visitors, friends or just have a tea or coffee. On the first day of the inspection the café was used by the art club, and on the second day of the inspection we saw one person enjoying a cup of tea with their family. The family member said how it was nice to use the room as they could not go out for tea.

In the reception area the home had year books with photographs of activities and events. The book for 2016 showed how people and staff had organised events to raise funds for the local community. For example the people in the home had decided to donate the funds raised by the art exhibition to 'Go Girls' a local fund raising scheme to provide a scanner for the local hospital. They had also knitted poppies for the annual Poppy Appeal, and taken up the NAPA (National Activity Providers Association) Challenge and organised a street party in the grounds of the home.

As well as a full time activities organiser the service employed 'Colten Companions.' They would visit people in their rooms. To talk about current affairs help them do an activity or to just provide company when the person could not get down to socialise with other people in the home. This meant nobody was ever isolated even if they were bed bound. We saw records which showed a 'Colten Companion' had visited one person every three days the records showed they had done a variety of meaningful activities even down to helping the person sort out their drawers when they asked.

The organisation sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken. For example, the outcome of one survey meant they had introduced a senior care lead role which meant the registered nurses had more time with people in the home. This meant the organisation listened to people's suggestions and acted accordingly. The registered manager explained the first thing they did in the morning was to take the newspapers round and meet with people. This meant people would see the manager and could talk about any issues on a daily basis. The registered manager explained how one person in the home had taken on the role of "head girl," they would take new people to the home 'under their wing' and look after them. The person would introduce themselves and guide new people through the home and help them to settle. They also introduced them to other people in the home so they felt included and had people to socialise with at meal times. People living in the home and their relatives/visitors were involved in writing the Castle View welcome pack which is given to each new person when they move in. They also produced a DVD for the website and staff to help them understand what it is like moving into a care home. This meant people's experiences and opinions were important to the organisation.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The registered manager only accepted an admission if they felt they could meet their needs. The pre-admission assessment included the person as far as possible, healthcare professionals and relatives involved in their care. The care plan for one person showed they were visiting on respite care, they told us, "I am thinking of staying, they have been brilliant and I must admit I have more company and do more, just need to make my mind up." The registered manager confirmed they would look very closely at whether a person had challenging behaviours, as they needed to consider both the person they were offering a service to and the people already living in the home. They said if they felt they could not offer a service they could signpost them to other homes that may be able to meet their needs.

Following the initial assessment care plans were written with the person as far as possible. People were involved or consulted in drawing up their care plans and people and/or their advocates had signed to say they agreed with their care plans. Records showed staff also discussed care with relevant advocates to help them further inform the social needs care plan. Where people needed staff to support them with tasks such as bathing, washing and dressing the person's preferred method of support was clearly explained. Staff understood each person's needs and they were able to explain to us the assistance each person needed. People had signed various parts of the care plan to indicate they had been involved in drawing it up and agreed to the content of the plan. We asked people if they had been involved and consulted. Most said yes although one person said "I know I've got a care plan but prefer not to look at it."

At handover meetings staff reviewed each person and made sure staff coming on duty knew about any changes in people's needs. The staff also discussed any personal issues which may affect the support people required. This handover meeting was carried out in private in the office to ensure confidentiality was maintained. Staff told us handover meetings kept them up to date with everything in the home and they felt communication was good. The lead for each team also met in the morning for a ten @ ten meeting, during this time they discussed peoples changing needs and anything special happening in the home. For example on our second day the activities organiser had bought in some homemade jam. People said they would like a cream tea. This was discussed with the chef who changed the tea time menu to include homemade scones and cream to go with the homemade jam. This showed how the service could respond to requests on a daily basis.

Staff arranged for people's health care needs to be reassessed if they felt they were no longer able to meet their needs. The home had a good working relationship with the local GP surgery and assessments of people's needs were encouraged on a regular basis so changes could be made in a timely way. For example one person had experienced a fracture, on returning from hospital they were referred to the physiotherapist to enable them to make a full recovery. Peoples' families and representatives were involved in reviews if the person agreed.

People were supported to maintain contact with friends and family. One visiting relative said, "I can come anytime I like, I am trying to cut down now as [person's name] is really enjoying the company and activities and I don't want to take that away from them. The staff have been really good at supporting me as well through the change in our lives." We also saw relatives joining in the days social activities. The registered manager confirmed relatives often joined them for lunch.

We asked if people were involved in the recruitment of staff. The registered manager explained they did not take part in the official interviews, however applicants were asked to sit in the reception area and people would talk to them. The registered manager would then ask for their impressions and feedback after the formal interview. They confirmed impressions could be mixed and had been told, "Don't think that one is suitable," on one occasion.

Each person received a copy of the complaints policy when they moved into the home. One person said, "No up to now I have never needed to complain, but if I did I would complain to the manager or her deputy" another person said, "I see the manager daily if I had anything to complain about, and I don't, I would talk to her." The registered manager spoke with most people on a daily basis and sought any feedback at the time and took action to address issues raised. Staff explained that one of the organisation's values was 'honesty'. There was a no blame culture and staff were encouraged to, "Put our hands up when we do something wrong and learn from it."

Good

Is the service well-led?

Our findings

People and staff told us they felt the staff team was well led. The registered manager was supported by a head of care, registered nurses and senior care workers. All staff told us there were clear lines of responsibility. Staff had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis. One healthcare professional said, "This has always been a very good home, they are a very good team."

People and staff all told us the registered manager was always open and approachable. They felt they could talk to them at any time. One person said, "I see the manager every day and find her very easy to talk to." Another person said, "I think she does a very good job and I can speak to her as and when I like she's very nice." One visiting relative said, "The manager and staff are brilliant it is not just the residents they look after but they have been really good to me as well." The registered manager explained how they used 'relationship centred care,' looking at the bigger picture rather than one person.

Colten Care Limited has organisation values which are friendly, kind, individual, reassuring, and honest. A values conference had been held for staff to discuss the values they wanted and to understand what the organisation wished to promote. All staff also carried values cards attached to a key ring to remind them of the organisations values. The registered manager also had their own philosophy for the home. They said, "It is about supporting residents to live their lives the best they possibly can. We aim to give relatives back their relationship and provide the best quality end of life care we can."

The manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were quality assurance systems in place to monitor care, and plans for ongoing improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged if necessary. For example, when it was noted there were gaps in the signatures on medicine records a one to one supervision meeting was arranged. When it was noted on one occasion the suction machine had not been cleaned a rota for night staff was arranged so it would not be left out in future.

Audits undertaken at the home were also overseen by the provider to make sure where action to improve the service needed to be taken this happened within the specified timescales. For example, the providers have a team of staff to ensure quality assurance is carried out and improvements implemented.

The registered manager has the immediate support of a regional operations manager who carries out their one to one supervisions and supports them with their development and every day running of the home. They are further supported by a quality manager who visits the home regularly to care out their own whole home quality assurance, when they speak with the registered manager, staff and people in the home. Then they also have input from a learning and development manager who will support them with arranging

training specific to people's needs as well as the organisations mandatory up dates. They can also talk to the learning and development manager if they have identified training needs during one to one supervision with staff.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. If a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place. For example one person was referred for the use of a zimmer frame to help them mobilise safely.

People were supported by a service in which the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They belonged to a registered managers group; they carried out self-directed training and kept a reflective journal. They also attended conferences in specific areas such as dementia care, pressure ulcer care and local authority learning hubs. They shared the knowledge with staff on a daily basis, as well as at meetings and through one to one supervision. The home also encouraged staff to obtain further qualifications. For example, care workers had been supported to obtain their level two and three diploma in health and social care and to go and train as registered nurses..

People were supported to share their views of the way the service was run. A customer satisfaction survey had been carried out and people were complimentary about the care they received. Some compliments we saw included, "The care [person's name] received whilst with you was exceptional, we all felt [the person] was safe and well looked after." And "The home has a lovely, happy, vibrant feel to it. Every member of staff without exception was smiling, friendly, accommodating, understanding and generous of spirit." This showed that staff worked to and followed the organisations values.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.