

Castlebar Healthcare Limited

Castlebar Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Castlebar Nursing 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. At this inspection staff were providing personal care to 57 people aged 65 and over at the time of the inspection. The service can support up to 63 people.

People's experience of using this service

People said they felt safe living at the service. The provider had a safeguarding policy and procedure and staff had completed training in safeguarding. However, we found that staff did not always safely implement the training learnt in practice to keep people safe.

People and relatives raised concerns about the lack of openness, transparency and management of the service.

People and their relatives found that there were not enough staff to support them consistently, particularly during the afternoon and at night when needed.

There was a menu available and people chose meals they preferred. There were mixed views on the quality of the meals. Some people said they enjoyed the meal choice while others felt these did not meet their preferences.

The provider had a complaints policy and process in place. People were confident they could make a complaint about any aspect of their care.

Each person had risks identified associated with their health and well-being and had management plans in place to mitigate these.

There was an established activity programme in place at the service. The activity co-ordinator ensured people were involved in a variety of activities to meet their interests.

People and relatives said that some staff were kind and caring towards them and said care and support was provided in a dignified and respectful way.

People had their medicines as prescribed and medicines administration records were used to record when people had their medicines.

People had access to health care support when their needs changed.

Each person had a needs based assessment and care plans provided staff with sufficient detail to manage people's assessed needs.

Staff had an understanding of how to provide care and support to people who required end of life care.

Rating at last inspection

The previous rating for this service was outstanding. (The inspection report was published on 19 January 2017). The overall rating at this inspection is requires improvement. We have found two breaches of regulation related to person centred care and good governance. We also made two recommendations regarding people's nutritional needs and preferences and safeguarding.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Castlebar Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This consisted of one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

Service and service type

Castlebar Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection visit was unannounced.

What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people using the service and eight relatives. We spoke with three senior managers, a deputy manager, an administrator, three care workers, two nurses, an activities co-ordinator, a physiotherapist and a maintenance worker.

We looked at seven care records and related medicine administration records (MAR). We looked at five staff records and other documents relating to the management of the service. We also completed general observations of the service.

After the inspection

We received feedback from one health and social care professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People gave us mixed views on the staffing levels. Comments included, "Staff are pretty quick at answering my bell, I feel there are enough staff on", "There are not enough staff on, [my relative] needs a hoist to move her/him, sometimes she/he has to wait up to an hour for help to go to the toilet, which isn't good for her/him" and "There are never enough staff on, which shows a lack of individual care."
- We checked the provider's dependency assessment tool to see how staffing levels are decided. The dependency assessment tool calculates required staffing hours to meet people's individual care and support needs. The provider was able to evidence they were meeting or exceeding the numbers of care and nursing staff on a daily basis for each shift. However, this dependency assessment tool did not account for the deployment of staff and the varying needs of people in different areas of the building at different times of each shift. People may receive the care and support they need to be safe, but staff may not always have the time to be flexible or respond to changing needs. Staff regularly feel stretched, and focus on completing tasks rather than on person-centred care and support.
- Relatives also told us that they were often left in the lounge area with people with no staff available. Another relative said they were happy to support staff at teatimes because they noticed staff were "overwhelmed and rushing around". During our observations we were left for 10 minutes in the lounge with eight people and there was no member of staff available to support people if needed. We discussed these concerns and our observations with the provider's senior managers who confirmed they would assess whether staff were deployed appropriately. Following the inspection the provider wrote to us and told us they would have an additional care worker on duty from 2-8pm daily and would recruit a hostess to work daily and to help with the serving of meals and drinks.
- Newly employed staff were employed through robust recruitment processes. This ensured suitably skilled and experienced staff were employed at the service. The service actively recruited care workers from the local community during open day recruitment events.
- Pre-employment checks were completed before people began to work at the service. Employment checks included job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Their comments included "I feel absolutely safe living here" and "I am safe here and can trust people to see I am in bed." Despite this positive feedback we found some aspects of the service and practices around safeguarding people from the risk of abuse, were lacking.
- The provider had a safeguarding policy and processes in place at the service. Safeguarding allegations

were recorded and reported as required.

- Each member of staff had attended training in safeguarding adults. The training equipped staff to understand the types of abuse people could experience and the actions they needed to take to report an allegation of abuse.
- We found that staff did not always implement learning from the safeguarding training to protect people from harm. For example, there was an incident where staff had treated a person in a way that constituted abuse. This incident was investigated by the local authority with recommendations for the service for improvement.
- An allegation of abuse was being investigated by the local authority due to a report of unexplained injuries sustained.

We recommend the provider consider current guidance on effective safeguarding training and assessment of staff competency to keep people safe and take action to update their practice accordingly.

Preventing and controlling infection

- People and relatives said the service was kept clean and free from unpleasant odours. Comments included, "My room is kept very clean, not a speck of dust anywhere!" and "My bed is nice and clean, they are always changing the sheets."
- The provider had infection control policies and procedures in place. This gave staff guidance on how to protect people from the risk of infection.
- Staff used disposable gloves and aprons to reduce the risk of infection and cross contamination. However we found staff purchased their own uniforms and requests for uniforms from the previous manager were not responded to. We asked a senior manager to clarify how staff requests for uniforms were managed and this information was provided to us after the inspection.

Using medicines safely

- Medicines were managed in a safe way and people had their medicines as prescribed to manage their health needs.
- People confirmed they had medicines when needed. Staff completed training in medicines and had a competency assessment to show they were safe in supporting people with their medicines.
- Staff recorded on people's medicine administration records (MARs) when they supported people with their medicines.
- Staff completed medicine audits each month. We checked people's (MARs) for accuracy and each MAR was completed as required.

Assessing risk, safety monitoring and management

- Risk assessments and management plans were developed in response to the risks identified. Assessments detailed risks that were associated with people's health and well-being needs. This included people's mobility needs, malnutrition, falls, pressure ulcers and skin integrity. The management plans detailed staff support needed to manage each risk.
- Staff reviewed people's risk management plans when people's needs changed to ensure these details reflected people's current needs.

Learning lessons when things go wrong

- There were processes and systems in place to monitor incidents and accidents that occurred at the service.
- Following a review, the outcome was shared with the staff team and used as a learning opportunity. For example, there was an incident involving bed rail entrapment. Records showed the person was not injured

but there were concerns identified regarding the design of bed. In response the provider arranged for safety checks on all beds, the bed rail policy was reviewed and bed rail training was introduced for all maintenance operatives and for staff to become bed rail champions.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had access to health care services to help them maintain or improve their health and well-being. People told us and records showed they had access to doctors, dentists and other healthcare professionals when they needed to.
- Healthcare professionals provided people with an assessment of their needs, professional recommendations and a review of their health when this was needed. People had access to physiotherapists who supported people with their mobility needs. People commented, "I do go to the exercise sessions" and "I prefer walking to exercising and I walk around the garden."
- We observed a physiotherapist leading a seated exercise class using colourful blue ribbon and a large ball in the ground floor lounge. People actively participated in the session and appeared to be enjoying themselves. The physiotherapist told us "I see a number of people here, sometimes they need a little support with walking and that often means assessing their walking abilities" and "Other people improve their strength and balance from a regular exercise programme we often use the gym at another [provider's] home."

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

- An onsite cook provided nutritional meals for people. People told us they had enough food and drink throughout the day. Staff monitored and recorded people's food intake if this was required.
- People had a menu that they could choose their meals from. People gave us mixed views on the quality of meals provided. Comments included, "The food is very good here, I like everything" and "I can have my meal wherever I like, in the dining room, the lounge or my bedroom." However, some people said meals lacked variety. Comments included "I have brought in pork pies", "I have to bring in soft food", "I bring in porridge, lemon, ginger and peppermint teas for my [relative] with other Caribbean food." We discussed this feedback with the senior management team and they agreed that they would look into these concerns and liaise with the provider's catering team to improve people's meal experience.
- We completed observations of people's experiences at lunch time. We saw that staff were attentive to people seated in the dining area and those who needed support with their meals were supported appropriately. For example, a nurse who constantly stroked a person's arm to encourage them to eat their food and drink their fruit juice.

We recommend the provider consider current guidance on nutritional meal choices and options for people using the service and take action to update their practice accordingly.

Staff support: induction, training, skills and experience

- Staff had a programme of induction, training, supervision and appraisal that was in place to support them in their roles.
- Staff training was completed when required. Staff confirmed they had completed training in safeguarding adults, basic first aid, medicines management, mental health and moving and handling.
- Each member of staff had supervision and an appraisal when this was due. These meetings helped staff to reflect on their practice and job performance and make changes where necessary to equip them to do their jobs effectively.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff sought people's consent to receive care and support. Relatives supported people to consent in line with relevant legislation.
- Those who were unable to make decisions for themselves were supported to have their opinions and views heard.
- Staff completed a mental capacity assessment when people lacked the ability to make decisions for themselves.
- Referrals were made to the local authority for mental capacity assessments, best interests meetings and a DoLS assessment when people were unable to make decisions for themselves.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always supported to make decisions about their care. For example, a person was moved to another room without prior agreement or consultation with the person and their relatives.
- During our visit this concern was discussed with a senior manager who apologised. The person and their relative were then able to choose their room and were satisfied.
- Some relatives said they were invited to attend a care plan review and reassessment of care. However, some relatives said when they were provided with a date and could not attend an alternative date was not always provided. Other relatives said that they were not invited at all. A senior manager said for all future care reviews, staff would invite all relatives, consistently and offer alternative dates if they were unable to attend.

We found no evidence that people had been harmed however, the provider had not met their regulatory responsibility to ensure people were consistently involved in making important decisions regarding their care and support. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's dignity when supporting them. We observed staff use a partition screen to give people privacy and dignity when moving them.
- Staff encouraged people to be as independent as possible. We observed people going out into their local community and out to lunch with friends and relatives. People said they chose when they wanted to go to bed and wake up and staff respected this.

Ensuring people are well treated and supported; respecting equality and diversity

- People said that staff were respectful and kind. Comments included, "Staff help me, they are very kind" and "Staff are marvellous, I can do a lot but if I get stuck someone here helps."
- People were able to continue to practice their religious beliefs. Staff supported people to attend church services and to meet other spiritual needs. Comments included, "[My relative] was a Methodist and I can go to the local Methodist church every week", "Sometimes we go to the Anglican church if there is something special on" and "The staff here don't put anything in the way of you doing anything."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place and there was a record of complaints made about the service. During the inspection people and their relatives shared their complaints with us about the quality and variety of the food, level of staffing and lack of management support at the service. These concerns were shared with senior managers and they said they would look into the issues raised.
- People said they or their relatives would be confident making a complaint about the service. Comments included, "I tell my daughter if I have any worries and she deals with it", "If I have a problem I tell my son and he will deal with it" and "Some people are hard to please, I'm not, I have no complaints."
- The provider did not always manage people's concerns in an effective way. Senior managers had not acted on a relative's concerns because these had not been taken seriously and they had not arranged for these to be investigated according to the complaints policy. This meant that the relative's concerns were not addressed in a timely manner which caused them and their family member more distress.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had an assessment which identified their needs which helped to ascertain whether their individual care and support needs could be met at the service.
- Assessments were person centred and contained sufficient details about people's health conditions and life histories. For example, people's mobility needs, previous employment, hobbies, interests, likes and dislikes and how care and support should be delivered.
- Care and support needs were reviewed by staff when people's needs changed. This ensured staff had up to date information and people received care that reflected their current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- When people had specific communication needs these were recorded in their care plans. This meant staff could communicate with people effectively.
- Staff understood people's individual communication needs and had used tools to assist people's understanding of information presented to them. For example, the menus used pictures to show people the meal options which helped them to make choices on what they wanted to eat.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were positive and complimentary about the activity coordinator who arranged a variety of activities to meet people's interests and hobbies. People commented, "I enjoy all the musical entertainment. We also had a lovely trip to the sea recently" and "The quality and range of activities here is amazing, pottery, music, live performances. Very imaginative."
- People were supported to come up with ideas of what activities they would like to do and their individual requests were looked into. People welcomed an entertainer on the day of inspection who arrived and was playing live music on a guitar. People appeared to enjoy this activity because they were singing and moving in their chair to the music. However, we observed and people told us that most of the entertainers performed only on the ground floor. This meant that people who were unable or did not want to go to the ground floor did not take part in this entertainment.
- People had activities that used innovation and technology to meet people's needs. For example, people were able to explore through 'walking' virtually through places where they used to live and other favourite places. This was done on a tablet device using maps and interactive views of streets. People could put in important addresses from their past and look at what those places looked like now. We observed that people engaged well with the activity.
- People's cultural needs were respected by staff. People attended social activities that met their cultural needs. One person was supported to attend a mosque when they required, and staff supported them to get ready in special clothes of their choice so they could attend.

End of life care and support

- Staff demonstrated a clear understanding of end of life care and how to support people at that time. Staff comments included, "I make sure I do what I can for the person" and "If I see a person's needs change I ask for advice to keep people comfortable and pain free."
- End of life training was made available to staff. This helped staff have some knowledge and insight of how to care for people at this time.
- Staff had contact with staff at the local hospice that provided them with advice on pain control and guidance around supporting people with life limiting illnesses whilst being respectful of their individual wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits on the quality of the service were carried out, including medicine administration records, accidents and incidents, care records and the building maintenance had taken place.
- However, we found care records were not completed as required. For example, a person sustained unexplained injuries but there were no records of them occurring.
- We also found that repairs to the service had not taken place as expected. One relative said, "Repairs to be done quicker, there has been a broken towel rail in [my relatives] bathroom for ages, which I have reported but it hasn't yet been mended."
- We noted emergency call cords were not always available for people when they required help. We observed two toilets had the call system panel in place but they did not have emergency cords attached to them. This meant that when people used this toilet they would not be able to summon assistance in an emergency and when they needed help. These concerns were shared with senior managers for their action.
- People and relatives commented about the lack of bathroom facilities because one bathroom on one floor was out of order. One relative said "[My relative] isn't showered much, it would be good to have a record that I could see how often she/he has a shower and a hair wash."
- The regional quality and development manager, peripatetic manager, chief executive officer, regional director, chief operational officer completed audits and spot checks of the service. However, our findings showed a shortfall regarding the oversight of day to day operation of the service due the concerns we found.

We found no evidence that people had been harmed however, the provider had not met their regulatory responsibility to ensure people could summon help in an emergency This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager had informed the Care Quality Commission (CQC) of incidents and events that occurred at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People gave mixed views of the daily management of the service. People and relatives knew the registered manager had left the service but named one of the senior care workers as the new manager. Comments

included "There is a pleasant atmosphere here, although other relatives are worried as it's not as happy as previously", "It's very easy going, you can do what you want within reason" and "There is a very warm atmosphere here."

- People and relatives said that some of the senior managers and some staff were not always open and transparent. Comments included "When my relative was injured, staff did not know how this happened, and I worry about this", "We hope that there will be a change when the new manager comes, I am positive about it" and "There is no manager of this home and I do not know who I can talk to. The carers listen and do their best but they cannot effect changes."
- The home's last registered manager left the service in July 2019 and prior to that the home underwent a period from March 2018 to April 2019 without a registered manager. At the time of the inspection a peripatetic manager was providing day to day cover in the home but was not available during this inspection.
- Some staff said they were happy in their jobs while others said they felt unsupported by the management team and they were visibly upset about this. A health professional commented, "Staff have reported that they often have to curtail their breaks in order to ensure client needs are met and administration tasks are completed. There appears a sense among some staff that reporting difficulties in undertaking tasks in allocated time would be met with criticism of time-management skills rather than a review of staffing allocation or tasks."
- When we spoke with senior managers and staff they demonstrated an understanding of the duty of candour and their legal responsibility to share information when concerns are raised or when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their feedback about the quality of the service. Feedback showed people were happy with the care and support received and had a special fondness for most of the care workers and nurses.
- There were regular residents' and relatives' meetings held at the service. Some people enjoyed attending these meetings. One person said, "I don't go to residents' meetings on principle, as so much moaning at that kind of event" and another person said, "I went to the residents meeting with [their relative] it was late in starting, there was no structure and there had been no preparatory work done with the residents beforehand." We observed a relatives' meeting with the attendance of senior managers who provided an opportunity for people to express their concerns in a constructive way, acknowledged their concerns and suggested areas for improvement when required.

Continuous learning and improving care

- The provider had a commitment to continuous learning at the service. Systems in place reviewed safeguarding incidents, accidents and incidents.
- Following a review, patterns could be identified and areas for improvement developed. Any concerns were shared with staff so they could learn from them.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
- Records showed that staff frequently contacted health and social care professionals including specialist mental health teams.
- There were strong links developed with the local community. Local school children visited the service on a regular basis. They entertained people and took part in storytelling, arts and crafts.

- The activity coordinator had developed relationships with staff at a local art gallery. This enabled people to visit the art gallery and be able to view new exhibitions of art, which people said they enjoyed visiting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure service users are consulted so their care and support reflected their preferences.</p> <p>Regulation 9(1)(c)(2)(3)(b)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure there were effective systems in place to report and make good repairs in a timely way.</p> <p>The provider failed to ensure that service users had accurate, complete and contemporaneous records of their care and support.</p> <p>Regulation 17(1)(2)(b)(c).</p> |