

Cumbria County Council

Castle Mount

Inspection report

Bookwell
Egremont
Cumbria
CA22 2JP

Tel: 01946820454

Date of inspection visit:
20 April 2016

Date of publication:
25 May 2016

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

This inspection took place on the 20 April 2016 and was unannounced.

The service was last inspected in March 2014 when we found the standards we inspected on that day were met.

Castle Mount is a purpose built residential care home registered to provide accommodation for up to 34 older people, with a variety of needs, who require personal care. The home is situated in a residential area of Egremont and is a short distance from the amenities of this small town. The home is operated by Cumbria County Council.

There was a registered manager in post on the day of our visit. 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.

The service had suitable systems in place to protect people from harm and abuse. The staff team understood their responsibilities under safeguarding. The provider responded appropriately to staff concerns and had a 'whistle blowing' policy.

There were suitable plans in place to deal with any emergency situation. Risk assessments and management plans were in place to ensure the environment was safe. Accidents and incidents were monitored.

We saw that the home was suitably staffed to meet people's needs. Recruitment was done correctly and the service had a disciplinary procedure in place.

Medicines were well managed and staff were trained and competent in dealing with medicines.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We spent time with people in all areas of the home. We saw that the staff offered people assistance and took the time to speak to people and take up the opportunities they had to interact with them and offer reassurance if needed.

People living there told us that care staff were mindful of their privacy and treated them with respect. We saw that the staff approached people in a friendly and respectful way and people we spoke to who lived there told us that it was a "lovely place to live in."

There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

People knew how they could complain about the service they received and how to make a complaint was displayed in the home.

There was an appropriate system in place to monitor the level of care and support provided.

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 was sufficient staff to provide people with the support they required. New staff were recruited in a safe way to ensure they were suitable to work in the home.

Staff were knowledgeable about how to identify and report abuse

Medicines were handled safely and appropriately.

Is the service effective?

Good ●

The service was not always effective.

Staff supervision, appraisals and training were in place.

The team understood their responsibilities under the Mental Capacity Act 2005.

People were supported to eat and drink well.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and in a kind and caring way.

The staff knew people well and respected their choices and decisions.

People were supported to maintain their independence and control over their lives.

Is the service responsive?

Good ●

The service was responsive to peoples' needs.

People's needs were assessed prior to moving in to Castle Mount. Their needs were reviewed regularly and any changes were responded to quickly.

The management and staff of the home worked well with other agencies and services to make sure people received care in a consistent way.

There was a system in place to receive and handle complaints or concerns raised

Is the service well-led?

Good ●

The service was well led.

The home had an experienced and suitably qualified registered manager.

The home had a quality monitoring system that promoted change and improvement.

The service had good working relationships with health and social care colleagues.

Castle Mount

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 unannounced inspection took place on the 20 April 2016 and was carried out by two adult social care inspectors.

A provider Information form (PIR) was sent to the provider and this was completed and returned within the set timescale. A PIR 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. This document provided us with the key information about the service and its plans for the future.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

We also asked the local social work team and local health care providers for information about the service. We had contact with staff from health and the local authority who purchase care on behalf of people. We planned the inspection using this information.

We spoke to seven members of the care staff team, the cook and a domestic. We spent time with the registered manager and the two supervisors on duty.

We spoke to 12 people who lived in Castle Mount and two relatives who were visiting on the day of our inspection. We looked at eight care plans and checked on records related to the delivery of care for six of these people. We also checked on money kept on their behalf.

We were sent a copy of the training plan and checked the training records in peoples personnel files.

We looked at all of the medicines managed on behalf of people in the home. We checked on the records related to ordering, administering, storing and disposing of medicines.

We looked at the latest fire risk assessment and other records related to the running of the service.

Is the service safe?

Our findings

We spoke to eight people who lived in Castle Mount and that all told us they felt safe living there. One person said, "I have always felt safe living here." The girls are very kind and are always checking we are all happy and not worried about anything". Other comments included, "Can I just say I have felt really safe since I came in here. There is out there and there's safe in here" and "The building is always safe and secure and I feel fine, quite safe in the lounge or in my own room."

We were able to speak to relatives who were visiting the home and one said, "I looked at other homes and decided on this one and I have no regrets or concerns. I know my [relative] is always safe and relaxed with the staff".

We spoke to care staff and they all showed a good knowledge of how to keep people safe. One member of staff said, "I know just what to look for even if people can't always voice their fears. If I saw or heard anything that concerned me I would go straight to the supervisor or the manager". Another member of staff said, "If I was worried about anything at all I would report it to the manager or even the county manager to make sure the matter was dealt with".

Staff had completed training in protection of vulnerable adults and the supervisor told us that this was also discussed in supervision and staff meetings.

We found that the staffing levels during the day were sufficient and the registered manager had completed the necessary documentation for approval to employ new staff to cover the shortfall in the current staff vacancies. The provider was aware that the needs of the elderly population were changing with more people being supported for longer within their own home. This meant that people who used the service were likely to have an increased amount of needs requiring an increased amount of support. The provider had made no provision for this. The vacant hours were currently being covered by relief or existing staff to ensure there were sufficient on duty to provide appropriate care and support.

On the day of our inspection there were two staff on duty during the night although the manager had recently increased this to three for a period when one of the people needed extra care because of an increase in their dependence. A member of staff told us "If we do need any additional staff at night we always get them". The day following our visit the registered manager confirmed that permission had been given to increase the night staff from two to three with immediate effect. An advertisement was to go out for new staff but in the meantime the registered manager was going to use relief staff or existing staff to cover the night vacancy.

We saw four weeks staff rosters that confirmed our findings with regard to staff deployment throughout the home. However the registered confirmed she kept the staffing levels and dependency levels of those who lived in the home under regular review.

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff

were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up before they were offered a position in the organisation. We checked the staff files for four recently appointed care staff and found these to be in order.

As part of our inspection we observed how medicines were handled and found people were asked for their consent to take their medication. We looked at the records and found these were all in order and up to date. We discussed the administration of medicines with one member of staff who had completed training at level two and also checked the records pertaining to any medicines liable for misuse called controlled drugs. We found the records were in order, up to date and the amounts held tallied with the written record.

The provider had a policy on infection control. On the day of our visit the home was clean and orderly. Staff had ready access to personal protective equipment and chemicals. There had been no major outbreaks of any infectious disease. The home had two infection control lead staff that had completed the required training. We spoke to one of the domestic staff who had worked at Castle Mount for some time. They said, "This is a very nice place to work in and all the staff work together as a team. There is never any shortage of cleaning materials so we can do our job properly. I do get the chance to talk to the people who live here and that is a bonus".

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw, in the support plans, there were tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate way and kept people safe.

We discussed evacuation arrangements in case of fire or any other emergency and the manager confirmed that the home had recently had a fire safety check completed by Cumbria's fire safety officer. A new fire risk assessment had been completed and we were able to see a copy of this during our inspection visit.

Is the service effective?

Our findings

We spoke to people who told us that they were satisfied with the skills and knowledge of the staff team. One person said, "The staff are very good - they get plenty of training." Another person said, "I think the staff are very experienced. The senior staff work alongside them and all of them know their jobs."

People also told us that they were more than satisfied with the food provided in the home. One person told us, "The food is very nice, always hot, well-prepared and plenty of choice." Another person said, "The staff know what I like and I can ask for something different if I want." People told us that staff always ask permission before any interaction. One person said, "They always ask me before they do anything and explain things. I think that's what you mean by consent...and I have signed my care plan saying I agree."

We saw a copy of the training matrix for the staff team for the previous year. We found that some staff had received suitable levels of in-house training. This included safeguarding training, health and safety, first aid, medication, care delivery and moving and handling. We also heard from staff that they had attended some external training. Some staff had done end of life training. Two staff had started a course on the mental health of older people.

We did see some gaps in the training matrix and were told by the registered manager that part time staff were only allowed, by the organisation, 15 hours of training each year although staff did undertake training covering more hours than this. We recommended that the registered continued to ensure all staff completed training applicable to their role within the staff team.

Staff told us that they received "plenty of training and good supervision". We looked at supervision records and we saw that formal supervision was on-going. The records of these meetings were detailed and appropriate. We also saw that there were unit meetings where staff could talk about the care they provided to individuals. Staff had received annual appraisals and staff told us that the senior staff were "very good and very supportive." We saw evidence to show that staff were observed delivering care and that their competence for different tasks was checked by the senior team. Staff said that lines of communication were good and that their views were listened to and taken into account.

We met a number of people who staff told us were not able to make decisions for themselves and who, in order to be kept as safe as possible, had to have constraints put on their liberty. We spoke with the registered manager and we looked at care files. We saw that best interest reviews had been held and applications made for Deprivation of Liberty authorities. Staff had a good working knowledge of their responsibilities under the Mental Capacity Act 2005.

Cumbria Care did not routinely use restraint in any of their services. Staff said they re-orientated people, distracted them or used other techniques when they displayed behaviours that challenged. We read a very good protocol that one of the supervisors had written that gave useful advice to the care staff to assist them to deal with potentially difficult situations. We also saw that some sedative medicines were used on occasion where people had high levels of anxiety or agitation.

We spoke to three people about how consent was gained in the service. They told us that staff explained things to them and that they were able to give their consent or to decline. We observed a member of staff working patiently with one person so that consent would be given. Some people had signed their care plans and general discussions and observations showed that staff were careful not to impose actions on people.

We observed the lunchtime meal and we went into the kitchen and spoke to the catering staff. We also asked people about the food provided. We saw that there was a varied menu with three choices at main meals. The kitchen was stocked with good quality food and the meal was well presented. People were very satisfied with the quantity and quality of food provided. We observed people enjoying a sociable meal together. One person told us, "I think we keep well because we eat well."

When we looked at care files we saw that each person had a nutritional assessment in place. The staff told us that there were one or two people who were a little underweight and some people who wanted to maintain or reduce their weight. Suitable nutritional planning was part of the general care planning. Care and catering staff could describe how they would fortify food for people who were underweight. They also had a good understanding of how to support people who wanted to lose a little weight. We asked people about the health support they received. People knew the visiting GPs and also told us that a nurse practitioner visited the home. They told us that they received good levels of support from the local surgeries and staff supported them to get the best healthcare possible. We saw evidence to show that people also saw other specialists like chiropodists, opticians, dentists and occupational therapists.

Castle Mount was purpose-built in the 1960s and had been refurbished to a good standard over the years. The home was set out in four group living areas each with their own lounge dining room. People were relaxed and comfortable in the environment. We saw that the provider had undertaken some redecoration of corridors, bedrooms and general areas. We judged that further work needed to be done. Some of the toilets and bathrooms needed upgrading. The registered manager told us that this was planned and had been budgeted for in the 2016 financial year.

We noted that there had been an upgrade to the call bell system. There was a new wireless call bell system. Every bedroom also had new lighting above the bed. We learned that when people used to call bell at night this lighting would come. Staff also told us that the call bell system could monitor the movement of people living with dementia. This assistive technology could be set to alert staff when a person got out of bed or left their room. Each person had been assessed and only those who needed this level of support had these monitors activated.

Is the service caring?

Our findings

Everyone we spoke to told us that people were very well cared for in Castle Mount. People who lived in the home told us that all of the staff were very caring. They said they were happy living in the home and valued the support they received. One person told us, "The staff here are lovely and give me help when I want it although I do things to help myself". Another person said, "These girls are marvellous, they are very dedicated."

Relatives also thought the staff were caring and provided a very good standard of care. One visitor said, "I have never worried about the care my relative receives. The staff are wonderful and extremely caring."

The staff we spoke to were respectful of people's needs and showed a sympathetic approach to their caring and supportive role. We asked one member of staff about how they supported people with more complex needs such as those who lived with dementia. They said, "I don't treat people any differently whatever their needs are. They all deserve to be treated with kindness and I think we all treat people with compassion."

We saw that the staff in the home knew the people they were supporting well. They knew people's likes and preferences and the things that were important to them in their lives. We observed the interaction between the staff and the people who lived in this home. We saw light hearted banter between staff and the people they supported but throughout the day staff were always polite and courteous. Staff treated people with respect and made sure their privacy was maintained at all times. We saw that staff knocked on people's doors before entering.

We saw, during our inspection, that people were encouraged to retain as much of their independence as possible. We saw staff assisting people to mobilise around the home whilst allowing to do as much as they could with minimal assistance. People told us that staff were always around to assist and said, "Many of us like to help ourselves".

Many of the people who lived in the home had friends or relatives who could support them to make decisions and to express their views. The registered manager told us she had used the services of the Independent Mental Capacity Advocacy service in the past and also knew about an advocacy service run by the organisation 'Best Lives'. There was information about this service in the hallway for people to read if they wished.

Is the service responsive?

Our findings

We met one person who told us that staff gave good levels of support. This person confirmed that everything in her care plan was, "Just right. Exactly what I want. The staff know what I need and what I can do for myself." Another person said, "I have read and signed my care plan and if I wasn't happy I could change things."

We spoke to people about activities in the home and some people said, "I'm quite happy with TV, reading and doing some things with staff." A number of people said they would like to go out more. One person said, "I went out at Christmas time and really enjoyed it and would like to go out more often."

The two inspectors who conducted this inspection read care files in each of the four units. We saw that care files contained assessment of need, including assessments of moving and handling requirements. These were suitably detailed and were the basis of care plans.

We judged that care planning had continued to develop in this service. We saw a number of very detailed care plans that guided staff so that people would get safe and appropriate care. These plans gave details of personal care needs and also other things like psychological and social needs. Some care plans would have benefitted from a little more detail but we judged that the plans we saw suited the needs of people in the service.

We spoke with staff who could tell us the content of care plans. We observed staff carrying out the care and support in the way it was detailed in the plans. Staff told us that they discussed individual needs on a regular basis and that plans were changed appropriately. We saw a number of care plans that had written additions. The supervisors we spoke to said that when things changed they would change the care plans as soon as possible and then take up a new plan.

We learned that people who lived in Castle Mount were encouraged to follow their own hobbies and pursuits. During the morning of our visit a lot of people preferred to spend time quietly in their own rooms, reading the paper or watching daytime TV. Some people liked to spend time in the lounge socialising. Care staff organised a quiz in one of the units during the morning and people told us that, "The staff try really hard to do activities with us." The home did not have a dedicated activities co-ordinator and staff told us that sometimes they were too busy to do activities with people.

We had evidence to show that people had been out to the theatre at Christmas time, that there were some concerts and other entertainment in the home. Staff were planning a party for the Queen's 90th birthday. Some people said they would like to go out more often. Staff said that because the home had no transport this was quite difficult. The senior staff team hoped to organise some day trips in the summer.

We judged that the people who lived in the home would benefit from more organised activities and from more trips out. We recommended that the registered manager review the opportunities available for social and educational activities.

We observed the way staff worked with people in the home and we spoke with people about how they were treated. We judged that the staff team in this home knew each person very well. We noted that people were treated as individuals with their own strengths and needs. People told us that they were treated as individuals and their wishes respected.

The registered provider had a suitable complaints and concerns policy. Copies of this were on display in the home. The people told us that they would go straight to the registered manager with any major concern but that any staff member would help them with day to day issues. The registered manager said they had not received any formal complaints and that informal complaints were dealt with straightaway. The local authority had not received any complaints about this service and none had been received by the Care Quality Commission.

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission. She had worked for the organisation for many years and had managed Castle Mount for some time. She ensured she spoke to each person who lived in the home at least once a day and visitors told us she was always available to speak to them.

Everyone we spoke with told us that this home was well managed. People told us that they knew the registered manager and said, "The manager is around all the time and she listens to what we want."

Staff also told us they thought the home was managed well. One member of staff told us, "The manager often rings a call bell when she is on her rounds of the home. She then waits to see how long it is before we answer it."

All the staff we spoke with said team work was encouraged in the home. They said all the staff worked together to ensure people received good care. Ancillary staff we spoke with told us that they felt valued and well supported. They said other staff members worked with them if required to ensure the quality of the service.

There was a system in place to monitor the level of the care and support provided. The manager was well known to the people and their families and had an open door policy. She made sure she spoke to people and their families on a regular basis and had recently made arrangements to send out questionnaire survey forms to people who lived in the home, families and friends as well as to visiting health and social care professionals. She told us that when she received them back she would be completing a report for her line manager. Arrangements would then be made to act upon any suggestions made that would enhance the level of care and support already provided.

We saw copies of the monthly audits the registered manager was responsible for. These included health and safety, infection control, people's personal finances, the environment, care plans, staffing requirements, staff supervisions and medicines. Supervisors also completed a weekly stock check of medicines and a daily check of the medicines administration records at the end of each shift. This helped to make sure people received the right treatment and support and that any errors or omissions were noticed and dealt with.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

There were also regular visits from the operations manager from Cumbria County Council who was responsible for the operation of the service to do their own checks and monitor the standards in the home. Their role was also to provide support for the registered manager to ensure people who lived in Castle Mount were cared for and supported in the most appropriate way.