

SheffCare Limited

Castelayn

Inspection report

2 Leighton Drive
Gleadless
Sheffield
South Yorkshire
S14 1ST

Tel: 01142398429
Website: www.sheffcare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Castelayn is registered to provide accommodation and personal care for up to 42 older people. The home is purpose built over three floors. The top floor of the home is dedicated to supporting people living with dementia. At the time of this inspection there were 38 people using the service.

People's experience of using this service and what we found

People told us they felt safe whilst being cared for at Castelayn. Systems were in place to safeguard people from abuse and staff knew their responsibilities in keeping people safe from harm. There were enough staff to meet people's needs. Risks to people were assessed and managed. Systems were in place to make sure people received their medicines, which included staff receiving medicine training and regular audits of the system. People told us they always received their medicines at the right times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender, disability and religion. People were provided with information in a way they could understand.

People gave us positive feedback about the service and staff. Health professionals feedback demonstrated a responsive service. Staff were attentive to people's needs and knew individuals well. Staff spoke passionately about the people they supported and worked to uphold their rights. The service achieved positive outcomes for people through attentive care, understanding and responsiveness to the needs people communicated to them.

People were supported by a team of staff who were happy in their jobs and well-supported by their managers. An experienced registered manager and senior staff completed a range of regular checks on the quality and safety of the service. The provider, registered manager and staff all demonstrated a desire to provide a high-quality service. People, relatives, staff and visiting professionals had regular opportunities to express their views about the service.

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

Rating at last inspection

The last rating for this service was good (published 12 May 2016). There was also an inspection on 26 November 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Castelayn

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

Castelayn 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 had 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 was unannounced.

What we did before the inspection

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 reviewed previous inspection reports and information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, the quality manager, team leaders, care workers and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the inspection on 5 April 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff supported them. People said, "I can stay in my room, I am happy here and I put the television on when I want. The staff are very good and come when you want them. I don't call them and if I buzz somebody comes practically straight away," and "The carers make me feel safe. It's a nice place this, I fully recommend it. The carers come when I press my buzzer."
- Relatives said they felt their family members were safe with the staff. One relative told us, "[Name] is safe here and can't get outside on their own."
- Staff received safeguarding training within six months of commencing work and then attended regular refresher training. Staff spoken with were aware of their responsibilities in reporting any concerns to the appropriate person.
- Established internal and external monitoring systems in place. The quality manager told us, "The quality checks aim to measure how well we provide safe, good quality care to people according to current legislation, best practise and NICE guidelines, whilst being under pinned by the dignity standards."

Assessing risk, safety monitoring and management

- Individual risks were assessed and identified as part of the support and care planning process.
- Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified. Where necessary, appropriate referrals were made to healthcare professionals.

Staffing and recruitment

- Full and complete staff recruitment and pre-employment checks were in place.
- Staffing levels were appropriate to meet the needs of people who used the service. Staffing levels were determined by the number of people receiving care and support and their assessed needs. One person told us, "It's nice here, there's plenty of staff and it's clean. They [staff] come straight away when you buzz, same at night."
- Staff told us, "Normally there is enough staff on duty. We work well together as a team and cover for each other," and "The managers make sure shifts are covered if we're short because of sickness or holidays."

Using medicines safely

- People's medicines were managed safely, and people received their medicines as prescribed. One person told us, "The people who look after you are very good. I am on oxygen now and it is helping. We get our tablets and they never forget. I do my oxygen myself, but I don't do the portable one, it frightens me. Staff have said that's what they are here for; to help me."
- Only trained staff administered medicines. Team leaders and some care workers had received training in

the safe administration of medicines and their competency was checked regularly.

- People had an up to date list of prescribed medicines, including possible side effects. Protocols were in place to clearly describe when medicines prescribed for use 'as required' should be administered.

Preventing and controlling infection

- The home was clean and smelt fresh. Staff understood the importance of infection control and we saw good practice within the home.
- Domestic staff had a rota they worked with to ensure each room was thoroughly cleaned regularly. They told us they had the equipment they needed to do their job well.

Learning lessons when things go wrong

- The registered manager told us they analysed incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people. This included the analysis of incident, accident and near miss occurrences.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

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 inspection on 5 April 2016 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.

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

- Prior to people moving into the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- One person told us, "I have everything I need. The food is very good. I have a choice of what I eat so I am happy with it. I think I am very lucky to have a room here for the rest of my life. I have a bath, I prefer a bath, once a week."
- People's protected characteristics under the Equality Act 2010, such as age, disability, religion, gender and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics. One staff member told us, "[Name] has very specific needs in relation to their diet, we all know about this and make sure we provide this."

Staff support: induction, training, skills and experience

- Staff told us there was an organised and planned system to ensure they were all up to date with their training.
- Staff underwent an induction prior to working alone at the service. One staff member told us, "I'm completing the induction now. I have a 'buddy' for each shift. It's always a well experienced care worker. This is helping me with my confidence."
- Staff received regular supervisions and appraisals to enable them to fulfil their role.

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

- People were supported to maintain good health and eat a nutritional diet. Support plans were clear about what people liked and didn't like and included guidance about any special dietary requirements.
- When we asked about the food provided people told us, "It's all right," "Very nice, plenty of greens," and "Quite nice, they always do good vegetables."
- At lunchtime we observed tables laid with cloths mats and paper folded napkins. Condiments were on the tables. One person used an adapted plate and cutlery. People had chosen their main course in advance and were asked what vegetables they wanted, there were three options. People were offered drinks of orange juice and blackcurrant squash.
- One to one support was discrete and professional. A person who was reluctant to sit and eat was encouraged to walk a little and then sit with a staff member, who sat and chatted cheerily to encourage the person to eat, which worked well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's care plans contained information about their health needs and details of the healthcare professionals involved with people's care.
- We saw records of visits from dietitians, dentists, district nurses, GP's, opticians and chiropodists. Where required people were supported by the staff or their family to access healthcare professionals in hospitals and surgeries.

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

- The building was purpose built and fully accessible to people.
- There had been some improvements to the environment such as newly decorated wet room and toilets, however the building needed further refurbishment and updating. The registered manager told us there was a plan in place for further work to be completed

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff followed the principles of the MCA and people's consent was sought in advance of care being provided.
- DoLS applications had been submitted appropriately. Clear records showed when and why the application had been submitted, date authorised, any conditions and duration of the authorisation.
- Records showed people's capacity to make decisions was considered. Staff had a clear understanding of their role in supporting people in their best interest.
- Staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.

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 inspection on 5 April 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care from staff who knew them well. Staff were caring in their interactions with people. Staff were quiet and discrete when assisting people, which led to a calm atmosphere in the home
- People and their relatives spoke positively about the care and support they received. Their comments included, "I am very well looked after here; everything seems to come so natural with the staff. Things couldn't be better really," and "The staff are lovely and look after me, they never complain. The night staff are good too, they put me to bed, in the morning they get me water because I need to drink a lot."
- Staff promoted a positive and inclusive culture. Staff had received training in equality and diversity and were committed to ensuring people had equal opportunities. One staff member told us, "We treat people how we would want to be treated. We're all different and we accept and understand that."

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

- Throughout the inspection we saw people were asked how they wished to be supported and what they wanted to do. Staff members supported people to be fully involved in decisions about their care and support.
- Staff were seen talking to people about their day and what their plans were. Staff encouraged people to be involved in deciding such things as what activity they wanted to be involved with and chose what they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was supported by staff members.
- People's independence was promoted and encouraged according to their capabilities and abilities. For example, some people were able to undertake some tasks relating to their personal care.
- We found staff spoke to people with warmth and respect, and staff considered people's privacy and dignity.
- We saw information which was confidential was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

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

At the inspection on 5 April 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they received personalised care that was responsive to their needs. One person told us, "There's some men carers now, I like them. I'm not bothered who cares for me. I like a bath, The food's good. I can't say anything bad about it."
- A relative said, "[Name] goes to the dancing and has her nails painted. I can come any time. The staff are very friendly and make us feel at home. They tell us about [person's] life. The staff are all the same on this floor, usually the same faces. I have a meeting tomorrow to discuss health issues and they come to discuss [Names] care plan with me."
- Each person had a support plan. Care records contained information about people's daily routines and an assessment of people's needs that included how any identified risks were managed.

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.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access to and understood information they were given.
- Information was provided in large print and picture format where it would assist with people's understanding. In the afternoon a Bingo session was popular. The caller had a microphone to support people with hearing impairment enjoy the activity.
- Support plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use.
- The registered manager had recently purchased 'talking tiles.' These could be used to record messages from family members, for example, saying when they would be visiting. The registered manager told us these were particularly helpful to people who were living with dementia.

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 involved in a range of activities that they enjoyed.
- One person told us, "There's entertainment most afternoons, if not the staff put us a film on." A relative said, "There's entertainment most days, [Name] loves the singers. They also go out, they had a Christmas Party at the Con Club, [Name] enjoyed that."
- The provider had invested in technology to support people living with dementia to engage in activities and

receive meaningful stimulation. A 'magic table' had been installed in the café at the home. A magic table includes a series of interactive light games, specifically designed for people living with dementia, to promote both physical and social activity. People were supported to take part in this activity on both a one-to-one basis and in groups. The registered manager told us people's relatives and friends were able to use this technology to engage with their loved ones when they visited and that through use of the magic table, staff had been able to increase some people's activity levels within the home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and we saw the registered manager had dealt appropriately with complaints and put measures in place to reduce the risk of similar issues recurring.
- People and relatives told us they knew how to raise a complaint if they needed to but were very happy with the service provided. They spoke highly of the accessibility of the registered manager and their 'open door' policy, which meant they could raise any concerns quickly and felt confident these would be resolved.
- A relative said, "I'd complain to the manager if I needed to, but I haven't had to complain. I did mention that [Name of relative] needed to get up in the morning and that is happening now."

End of life care and support

- There was no person receiving end of life care at the time of our visit. Staff spoke of how they had supported people to have a comfortable and dignified death and worked with external healthcare professionals to ensure they had the right support in place.
- People and their families were given the opportunity to record what was important to them at end of life. Where they had chosen to do so this was clearly recorded in their support plan.
- Some staff had completed end of life training with the local authority. They had then passed on their knowledge and learning to other staff members.

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 inspection on 5 April 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team had developed a positive culture in which they delivered consistent care. This minimised any distress to people. Staff were alerted to any changes and introduced new approaches to empower people.
- People and relatives had confidence in the abilities of the registered manager and told us the service was good. People told us, "I don't want to leave here, I want to stay, it's my home. I know [Name of registered manager and quality manager], they are both lovely we see them a lot," and "The manager is very nice. I'm happy here every day. I wouldn't change anything."
- Staff said the registered manager was approachable and responsive to any questions they had. One staff told us, "The registered manager is really interested in our ideas. If she wants to change something she asks us about it and we discuss the best way of doing this. It's a team effort to get things right."

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

- In the event of accident, incident or untoward event, the management team were open and transparent in informing relatives in a timely way.
- Staff said the registered manager was accessible and approachable and dealt effectively with any concerns they raised. Staff said they would feel confident about reporting any concerns or poor practice to the registered manager.

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

- There were systems in place for monitoring quality which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.
- The management team were open and transparent during the inspection process. They shared areas where they wanted to improve and their vision for the future.
- The registered manager had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

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

- People and their relatives were supported to provide feedback through informal discussions, meetings and surveys. These had been analysed to look at where improvements could be made.
- Each unit had their own meeting at least quarterly. We saw meetings had happened on each floor in January 2020. Agenda items included, a review of previous meetings and outcomes, Sheffcare values, areas of home improvements, update on policies, trips and activities, any safeguarding concerns, meals and menus, complaints, and health and safety.
- Meetings for staff were also arranged. Minutes from each meeting were available and showed staff were able to raise and talk through any topics they choose to.

Continuous learning and improving care; Working in partnership with others

- The management team were committed to working with external healthcare professionals to ensure people received the best possible care.
- The registered manager was able to tell us about incidents that had required them to reflect upon their practices and make improvements.
- Some staff had 'champion' roles in specific areas, for example, End of Life, Dementia, Dignity, Tissue Viability, Infection Control and Dysphagia. Champions had completed additional training and learning so they could disseminate their knowledge to other staff. Champions met with the registered manager every four months, to discuss their role and see if anything could be done differently to improve the care and support people received. For example, as part of the tissue viability plan, the district nurses had advised all staff complete the 'React to Red' training, which would help staff to quickly recognise potential pressure wounds. This had been completed.