

Lancashire County Council

Castleford Home for Older People

Inspection report

Queens Road
Clitheroe
Lancashire
BB7 1AR

Tel: 01200426355
Website: www.lancashire.gov.uk

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Castleford Home for Older People provides accommodation and personal care for up to 47 older people. The home is located close to the centre of Clitheroe. Accommodation is provided on two floors in 47 single bedrooms. The home is divided into four areas, known as Henthorn Court, Edisford Court, Castlevue Court and the community beds area. This area provided support for people up to a maximum of six weeks, whilst longer term decisions were made. Henthorn Court and Edisford Court provide care for people living with dementia. At the time of our inspection there were 41 people living in the home.

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

People told us they felt comfortable and safe living in the home. The registered manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. While staff had carried out risk assessments, we noted risk assessments had not been carried out in respect of risks posed by two people's healthcare conditions. We also noted medicines had not always been handled safely. We made recommendations about the management of medicines and the risk assessment process. Following discussion of our findings on the first day of the inspection, the management team took the necessary action to address the shortfalls. Cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection.

Whilst we observed sufficient staff were deployed during our visit, people and their relatives had mixed views about the staffing levels. The registered manager told us the deployment of the management team would be reviewed. The provider followed an appropriate recruitment procedure to ensure prospective staff were suitable to work for the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had appropriate arrangements to ensure all staff received training relevant to their role. New staff completed an induction training programme. People's needs were assessed prior to them moving into the home. People were supported to eat a nutritionally balanced diet. People were supported to maintain their health and a visiting healthcare professional provided positive feedback about the service.

Staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes. Our observations during the inspection, were of positive interactions between staff and people who lived in the home.

All people had a support plan which detailed their needs and preferences. However, three support plans required updating to reflect people's current needs. The staff updated the plans after the first day of the inspection. People and/or their relatives had discussed their care needs with staff. People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

The provider's systems to review the quality of care were not always effective. Whilst audits and checks had been carried out, shortfalls found had not always been acted upon and sustained. We made a recommendation about strengthening the quality assurance processes. Following the inspection, the registered manager sent us an action plan which addressed our findings. The senior operations manager explained a new quality assurance system was currently in progress and would be implemented in due course. We did not see any details about the new system during the inspection.

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 20 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Castleford Home for Older People

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 on the first day and one inspector on the second day. 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

Castleford Home for Older People 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.

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

Before the inspection, the provider completed a Provider Information Return. 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. This information helps support our inspections. We also reviewed other information we held

about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used our planning tool to collate and analyse the information before we inspected.

During the inspection

We spoke with seven people who lived in the home, four relatives, six members of staff, the registered manager and the senior operations manager. We also spoke with two visiting healthcare professionals. We looked at the care records of four people who used the service, looked around the premises and observed staff interaction with people, and activities that were taking place. We reviewed a range of records. This included two people's medicine records, one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us an action plan addressing the issues identified during the inspection.

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.

Assessing risk, safety monitoring and management

- The provider had established arrangements to assess, monitor and manage risks to people's health and safety and well-being. These included risks related to falls, moving and handling and nutrition and hydration.
- However, staff had not assessed all areas of risk for two people using the community beds. This meant the staff lacked guidance on how to manage and respond to significant risks associated with the people's healthcare conditions. The staff carried out appropriate risk assessments after the first day of the inspection. However, we were concerned timely action was only taken following our intervention.

We recommend the provider seeks guidance from a reputable source to ensure staff assess and record timely risk assessments in line with people's needs.

- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The premises and equipment were well maintained. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. All safety certificates were complete and up to date.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances, such as bad weather.

Using medicines safely

- Staff did not always handle medicines safely, however there were examples of medicines being managed well. For example, the provider had installed lockable cupboards in people's bedrooms, which promoted a person-centred approach to the administration of medicines.
- The management of prescribed creams was not robust. There were prescribed creams in one person's room which did not have a corresponding entry on the administration chart, a room air freshener had been stored with the person's creams and staff had not always signed the cream chart in line with the provider's guidance.
- We saw another person's medicines records did not clearly reflect the level of dose administered in respect to one medication and there was an incorrect medicine name on the protocol for one medication prescribed 'as necessary'.

We recommend the provider considers the current guidance in respect to the management of medicines in care homes.

- On the second day of the inspection, the registered manager informed us action had been taken to address the issues and sent us an action plan following the inspection, which stated the necessary action had been completed.
- Staff had access to a full set of medicines policies and procedures. They had received appropriate training and had their level of competency checked.

Staffing and recruitment

- Some people and relatives expressed concerns about the level of staffing. One relative told us, "I find there aren't enough carers [staff] for the level of care required. For example, if two people are giving someone a bath, there's no-one in the lounge, so what would happen if someone fell or desperately needed the toilet." We also heard one person reassure another person who had requested assistance, "She'll help you when she comes....when!" The registered manager told us the management team were happy to support staff if they asked for assistance. Following the inspection, the registered manager sent us an action plan which stated the deployment of the management team will be reviewed.
- The registered manager completed a dependency assessment each week to monitor the staffing levels and had access to some flexible staff hours. We observed there were enough staff on duty during the inspection.
- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.

Systems and processes to safeguard people from the risk of abuse

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. This included access to appropriate policies and procedures. People told us they felt safe living in the home. One person told us, "I do feel safe here. They look after me very well."
- The registered manager and staff understood safeguarding matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding vulnerable adults and refreshed their knowledge and skills on a regular basis.

Learning lessons when things go wrong

- The registered manager had developed systems to learn lessons and improve the service when things went wrong. We saw there were appropriate forms to record any accidents and incidents. The registered manager had carried out investigations as necessary following any incidents to make sure any action taken was effective.
- The registered manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends. All accidents and any lessons learned were discussed at management and staff meetings.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training in this area. Staff had access to an infection prevention and control policy and procedure. People and their relatives said the home had a good level of cleanliness and was well maintained. One relative said, "It's very clean, there's never a smell."
- Staff were seen wearing personal protective equipment and the management team had completed regular infection control audits. These included checks on commodes, mattresses, duvets and pillows.
- The registered manager and members of the management team carried out daily walk rounds to ensure the level of cleanliness.

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.

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 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 had received training and had an understanding of the relevant requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- The management and staff team considered people's capacity to make decisions as part of the assessment and support planning process. Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- At the time of the inspection, the registered manager had submitted 20 applications for a DoLS authorisation to the local authority for consideration. One person had an authorised DoLS. There were no conditions attached to the authorisation.

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

- People were supported to eat and drink in line with their dietary requirements. People were mostly satisfied with the variety and quality of the food. One person told us, "The food's wonderful".
- We observed the lunchtime arrangements on two areas of the home and noted it was a pleasant experience. Staff supported people to eat their food. However, we saw one staff member had prepared and served one person's meal in an inappropriate way. We discussed this issue with the registered manager, who assured us staff would be given further guidance and training.
- People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to healthcare professionals, as needed.

- Risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. We saw drink and snack stations had been set up in the living rooms to enable people to help themselves to a drink.

Staff support: induction, training, skills and experience

- The provider ensured staff had the appropriate skills and experience and supported them in their roles.
- Staff were provided with a rolling programme of relevant training to ensure they provided effective care.
- New staff completed induction training which included shadowing experienced staff and a six-month probation period.

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

- A member of the management team or a social worker carried out an assessment of people's needs, before they moved into the home. The assessment was used to form a plan of care.
- People were encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.

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

- People received appropriate support to ensure their healthcare needs were met. People's physical and mental healthcare conditions were documented within their support plan. This helped staff to recognise any signs of deteriorating health.
- We spoke with two healthcare professionals during the inspection, who told us the staff were knowledgeable about people's needs and made timely healthcare referrals. The registered manager attended a monthly meeting with a local GP and other healthcare professionals.
- All people had an oral healthcare support plan and the staff recorded oral care as part of the daily monitoring charts.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.

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

- The provider ensured the premises was designed and decorated to meet people's needs. The communal areas and corridors had recently been refurbished to good effect. One person told us, "It's very plush after the renovation, especially the reception area. It really does look very smart."
- The provider ensured mobility aids and hoists were available, to meet the assessed needs of people with mobility problems. Doorways into communal areas, bedrooms, toilet and bathing facilities were sufficiently wide to allow wheelchair access.
- People were able to personalise their bedrooms with their own furniture, decorations, pictures and ornaments. People told us their bedrooms were comfortable and warm. We saw there were memory boxes outside some bedrooms. These included photographs and memorabilia, which had been chosen by the person as something they related to. This helped people to recognise their room.

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 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 were treated well and their diverse needs were respected. People told us the staff supported them with respect and kindness and they were complimentary of the support they received. One person told us, "It's like home from home here."
- Relatives also praised the approach taken by staff. One relative said, "[Family member] is always spoken to nicely", and another relative commented, "As far as I'm concerned, they look after [family member] very well."
- We observed staff interacted with people in a warm and friendly manner and saw people were comfortable in the presence of staff who were supporting them.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.
- We looked at messages of appreciation from people or their families. These highlighted the caring approach taken by staff and the positive relationships staff had established. One relative had written, "Thank you so much to all you unsung heroes, who make a massive difference day by day and hour by hour to our precious [family members]. The difference you have made has been amazing, all due to the love, care and support you have given them."

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

- People were encouraged and supported to express their views by means of daily conversations, consultation exercises, residents' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions.
- People told us they had been consulted about their care needs and had discussed their support plans with staff.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. People could spend time alone in their rooms if they wished. People's bedrooms were fitted with appropriate locks.
- People were encouraged and supported to maintain their independence whenever possible. For instance,

people were encouraged to maintain their mobility. Occupational and physio therapists prepared plans to support people living in the community beds area to regain and build on their independence skills.

- Whilst the registered manager and staff team understood their responsibility to keep people's information confidential, we found personal and confidential information about another person in one person's bedroom. The registered manager assured us all rooms would be checked as soon as possible.

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 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

- The provider had established arrangements to ensure people had choice and control. Each person had an individual support plan, which covered their needs and preferences. We looked at four people's plans during the visit and noted three required updating to reflect people's current needs. The plans were updated following our findings.
- People were seen as individuals, with their own social and cultural diversity, values and beliefs. People's support plans contained details about their life history and memories of their childhood. This enabled staff to understand each person's personality and history and ensure people were treated as individuals.
- Staff reviewed people's support plans monthly or sooner if a person's needs changed. This helped to make sure people received the correct level of care and support.
- Staff maintained daily records of care and completed appropriate monitoring charts. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

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.

- People had access to a wide range of information, which helped them understand various processes and how to access different support services.
- People's information and communication needs, and preferences had been identified as part of the support planning processes. We saw staff members openly engaging with people during the inspection, which enabled conversation and helped to avoid isolation.

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 supported to follow their interests and take part in activities that were socially and culturally important to them. For instance, one person had been designated a patch of garden, which enabled them to continue their interest in gardening.
- The provider employed an activity care assistant and people were provided with a range of activities both inside and outside the home. Details of forthcoming events were displayed on boards around the home. The registered manager explained some people also visited dementia cafés in the local area.
- Staff supported people to maintain and develop relationships to avoid social isolation. Visitors were

welcomed into the home.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure. We saw the complaints procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The provider had arrangements for investigating and resolving complaints.
- People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. Wherever appropriate, people's end of life wishes, and preferences were recorded and reviewed in advanced care plans.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.

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; Continuous learning and improving care

- Whilst the provider had established systems to monitor the quality and performance of the service, these were not always effective. Shortfalls found had not always been acted upon and sustained. We found that three of the four support plans looked at required updating and appropriate risk assessments had not been carried out in respect of two people's needs. We also saw medicines were not always handled safely and records pertaining to medicines were not always clear.
- The management team and visiting professionals held weekly multidisciplinary meetings to discuss people's progress on the community beds area. The notes from the meetings on one person's file were brief. At the time of the inspection, the care staff did not routinely attend the meetings. This meant there was the potential risk of care staff not being fully informed about any decisions or agreements made.

We recommend the provider seeks guidance from a reputable source to strengthen the quality assurance processes.

- The registered manager sent us an action plan following the inspection which addressed all the issues identified during the inspection. The staff fully updated the support plans after the first day of the inspection.
- The senior operations manager visited the home on a regular basis and carried out a series of audits. We noted action plans were developed in response to any shortfalls. They explained a new quality assurance system was due to be implemented.
- Staff were aware of their roles and responsibilities. They were provided with job descriptions and had access to a set of policies and procedures to guide them. Staff told us the registered manager was approachable and supportive.
- The registered manager utilised management and staff meetings to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager was open to feedback.

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

- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between the

registered manager, staff, people and their family members.

- The registered manager told us they would speak with people when things went wrong. Any incidents were fully discussed within staff during meetings or in one to one support sessions.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. Incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary.

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

- The registered manager and staff were focussed and committed to delivering a person-centred service which achieved positive outcomes for people. They knew people well and were knowledgeable about their needs and preferences.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy to protect people from unsafe or inappropriate care.
- We observed a positive and welcoming culture within the home. Staff told us they felt people were well supported and they described how much they enjoyed their work. One staff member commented, "We do our best to make sure people are comfortable and happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved and engaged people in the service and gave consideration to their equality characteristics. The registered manager encouraged people to express their opinions through different forums to ensure their views were heard. This allowed the provider to monitor, reflect and develop based on people's experiences.
- The provider invited people to complete an annual satisfaction survey. The last survey was carried out in April 2019. We looked at the results and noted people were satisfied with the service. The registered manager had developed an action plan to address any suggestions of for improvement.
- People were given the opportunity to attend residents' meetings and the minutes were written in the "You said, we did" format.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses and the local GPs, as well as social care professionals such as the safeguarding and social work teams.