Mrs I M Kenny

Castle Grove 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Castle Grove Nursing Home was last inspected on the 30 September 2013. We had no concerns about the service at that time.

This inspection was unannounced and took place on 13 and 14 October 2014. At the time of this inspection there were 22 people living at the home.

Castle Grove Nursing Home provides personal and nursing care for up to 26 older people. There are four double bedrooms, which are used for couples or others wishing to share. All other rooms are single occupancy. All bedrooms have en-suite facilities. There is a lounge/ reading room and separate dining room on the ground floor. There is an 'orangery' on the first floor, which provided additional communal space for dining or activities.

There was a Registered Manager. 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 and associated Regulations about how the service is run.

Summary of findings

People were happy with the care and support received. People said they felt safe at Castle Grove; they told us staff were kind, respectful and polite. One person said, "I wouldn't change anything." Another person who said they were well cared for added, "Most staff are considerate and thoughtful. Some staff feel they are in charge of me. I just need to remind them."

Relatives and visiting professionals also gave positive feedback about the service provided. One relative said, "The care is brilliant and my relative has blossomed." A visiting health professional told us, "The standard of care is very good. I would recommend the home and frequently do." However, we found improvements were required to ensure systems and processes were in place to keep people safe and protect their rights.

Risks to individuals using the service and risks faced by staff and others were not always identified or managed. Effective systems were not in place to continuously identify, analyse, and review risks to establish what caused them, and to identify the action to be taken to reduce risks.

Some aspects of medicines management were not safe. However where possible people were supported to manage their own medicines. This was particularly important for one person who told us, "This allows me to be independent and take control myself."

Where people did not have the capacity to consent or make decisions, the provider had not acted in accordance with legal requirements. We found there were restrictions imposed on people that did not consider their ability to make individual decisions for themselves as required under the Mental Capacity Act (2005).

Improvements to staff training were needed to ensure staff were supported to acquire and maintain skills and knowledge to meet people's needs effectively and safely.

People's needs were assessed but improvements were needed to ensure all care plans were developed in a timely way to provide staff with the information they needed to deliver consistent and appropriate care

Quality assurance and audit processes were in place to help monitor the quality of the service provided. However improvements were needed as some of the shortfalls we found during this inspection had not been picked up prior to our visit.

People were protected from abuse as there were arrangements in place to reduce the risk of abuse. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures. A robust recruitment process made sure people were protected from unsuitable staff. There were sufficient numbers of staff on duty to safeguard the health, safety and welfare of people using the service. People told us staff were always available when needed.

Staff had good knowledge of people including their needs and preferences and people told us staff were caring, kind and respectful. During the inspection we saw friendly and respectful interactions between staff and people living at Castle Grove. People had access to a variety of health care professionals to ensure they received treatment and support for their specific needs. People said they generally enjoyed the food although not everyone was aware of alternatives offered to the main meal as these were not advertised.

People said they would not hesitate in speaking with the registered manager or staff if they had any concerns. No complaints had been received by the service since the last inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Although people said they felt safe at the home, risks to individuals using the service and risks faced by staff and others were not always identified or managed, for example where people's behaviour presented a risk.

Accidents and incidents did not always result in action to reduce risks for people to ensure their welfare and safety.

Some aspects of medicines management were not safe.

Requires Improvement

Is the service effective?

Some aspects of the service were not effective. Where people did not have the capacity to consent, the provider did not act in accordance with legal requirements.

Training required improvement to ensure staff were provided with up to date skills and knowledge to meet people's care and treatment needs.

People saw health and social care professionals when they needed to and staff followed their advice. People were supported to maintain a healthy diet.

Requires Improvement

Is the service caring?

The service was caring. People were supported by staff who were friendly, caring and respectful. People told us staff were patient and kind.

We saw that staff respected people's privacy and supported their dignity.

People were able to see personal and professional visitors in private.

Care records contained information about the way people would like to be cared for at the end of their lives. Positive feedback was received from professionals about the standard of end of life care provided at the home

Good

Is the service responsive?

Some aspects of the service were not responsive. Systems were in place to assess people's needs however, comprehensive care plans were not always developed in a timely way. This posed a risk that staff would not always provide the most responsive care.

A range of weekly activities were available and some people were able to access the local community as they pleased. Visitors were encouraged and always given a warm welcome.

People were aware of the complaints procedure and all had confidence that any concerns would be addressed by the registered manager.

Requires Improvement

Summary of findings

Is the service well-led?

Some aspects of the service were not well-led.

Incidents and accidents had not been analysed to see if there were patterns or themes which could be avoided.

Quality assurance and audit processes were in place to help monitor the quality of the service provided. However improvements were needed as some of the shortfalls we found during this inspection had not been picked up prior to our visit.

People told us the registered manager was approachable and always listened to their views and comments.

Requires Improvement

Castle Grove Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 14 October 2014 and was unannounced, which meant the staff and provider did not know we would be visiting. The inspection team consisted of two inspectors.

We spoke with nine people receiving a service, four relatives, and 11 members of staff, including nurses, care staff, ancillary staff, and the registered manager. Some people were not able to fully express their experiences to us. We observed care and support delivered to people in communal areas and also visited four people in their private bedrooms. We reviewed seven people's care files to help us understand the care they required. We also reviewed five staff files, all staff training records, a selection of policies and procedures and other records relating to the management of the service.

As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from five professionals; a GP; a community nurse; a palliative care nurse specialist; a community psychiatric nurse and a Parkinson's nurse specialist.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included the Provider Information Record (PIR), which asks the provider to give some key information about the service, including what the service does well and improvements they plan to make. We also reviewed previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law.

Requires Improvement

Is the service safe?

Our findings

Risks were not always identified through risk assessments and measures to meet people's individual needs and reduce risks were not always clear in people's care plans. For example, where people became distressed or anxious and displayed behaviours which challenged the service in an attempt to communicate their distress over something.

Staff said, and records confirmed, one person was regularly aggressive with staff, hitting and punching them. There was no evidence that this person was aggressive or posed a risk to other people using the service. Staff used a monitoring tool to record the types of behaviour and what happened immediately before the person became agitated. Nine incidents had been recorded during October 2014 and six incidents were recorded in September 2014 involving this person. Although a referral had been made to the Mental Health Team for advice, care plans or risk assessments had not been reviewed following incidents to minimise the risk to staff and other people. There was no detail about support interventions or preventative actions to be used to reduce the distress and agitation associated with the person's dementia, apart from stating two staff to deliver personal care and the use of certain foods as a distraction. There was no evaluation about whether the use of food was effective and no reflection on other preventative action which may have reduced the person's distress, aggression and agitation. As a result the person continued to experience distress with incidents escalating.

Accidents and incidents did not always result in action to reduce risks for people to ensure their welfare and safety. Staff completed both incident and accident records. 12 falls were recorded in the accident log in September 2014 and six in the first half of October 2014. These included falls by the same person three times. However there was no evidence that the care plan had been reviewed in the light of this nor was it clear, exactly what actions staff were expected to take to reduce the risk of falling.

All nine people we spoke with told us they felt safe at Castle Grove. Comments included, "I have never felt anything other than safe here" and "I do feel safe here. Staff come quickly when I need them, which is reassuring." Relatives and external professionals were confident people were safe at the home. One relative said, "It feels very safe here. I have never seen any poor practice. Nothing to concern me." Another relative commented, "I have no worries or anxieties what so ever. The security is good and the care is brilliant."

There were arrangements in place to reduce the risk of abuse. The provider had policies and procedures about safeguarding people from abuse. These provided staff with information about the types to abuse to be aware of; signs of abuse; preventative measures and actions to be taken in the event of suspected abuse. Staff training records confirmed they had received training to help them recognise types of abuse and ensure they knew how to report any concerns.

Staff knew how to recognise signs of abuse, and confirmed how they would raise any concerns they may have. Staff were confident concerns raised would be dealt with.

Staff told us no physical restraint was used if people became physically aggressive. They said they withdrew if people become agitated or aggressive when care was being delivered. Daily records confirmed this approach.

There was no detailed record to confirm that creams had been applied as prescribed. A nurse told us care staff applied creams during the delivery of personal care. However the personal care chart used by staff did not record where or when the cream was applied. The manager told us she was developing a recording tool for staff to use when applying creams. People were supported to manage their own medicines. One person had a risk assessment and agreement in place to ensure processes were safe. Another person administering their own medicine did not have a risk assessment or agreement in place. This meant there was no review and monitoring process of risks to ensure the person managed to take their medicines as prescribed. Staff dispensed the daily medicine required by one person and the person took the medicine independently. However staff signed the MAR chart showing the person had taken the medicine before it had been taken by the person, which meant records were not accurate. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's medicines were safely stored, including those requiring refrigeration and controlled drugs. Records were kept in relation to medicines received into the home and medicines disposed of, which provided an accurate audit

Requires Improvement

Is the service safe?

trail of medicines. Staff were trained to administer medicines safely. Medicine administration records (MAR) confirmed oral medicines had been administered as prescribed.

There were robust recruitment and selection processes in place. We reviewed five staff files, which contained the required information to ensure prospective staff were safe to work with vulnerable people. All checks had been obtained prior to staff starting work at the home.

People told us there were sufficient staff on duty to meet their needs. One person said, "Staff are always there when you need them". They said staff responded promptly when they rang the bell for assistance. We saw this was the case during the inspection. Relatives and professionals did not raise concerns with us about staffing levels. One relative said, "Staffing seems to be OK. They come quickly when Mum needs them". The staff rota confirmed suitable staffing levels were met, except for short notice sickness. Where possible sickness was covered by the existing staff. The service was experiencing difficulties recruiting qualified nurses. The manager explained several different approaches to recruitment had been explored, including the use of a recruitment agency and advertising locally and nationally in the nursing press. The registered manager covered some nursing shifts and agency nurses were also used to cover the shortfalls. The rotas showed regular agency staff worked at the home to provide continuity for people living there and maintain safe staffing levels to meet people's needs.

Requires Improvement

Is the service effective?

Our findings

The Provider Information Record (PIR) stated none of the people living at Castle Grove had their liberty, rights or choices restricted in any way by the arrangements in place for their support or care.

The manager told us nine people living at the home lacked capacity to make some decisions relating to their care and support and another four people had 'fluctuating' capacity due to mental health conditions such as dementia. We looked at seven people's care records. Where there were suggestions that people did not have the capacity to make particular decisions about their care and support, due to conditions such as dementia, there was no evidence that mental capacity or best interests' assessments had been undertaken. For example, preventing people from leaving the home to maintain their safety.

The Mental Capacity Act 2005 (MCA 2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberty Safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

We saw evidence that two people were at risk of being deprived of their liberty. In March 2014 a supreme court judgement made it clear that if a person lacking capacity to consent to arrangements for their care, is subject to continuous supervision and control and is not free to leave the service they are likely to be deprived of their liberty. One person wanted to leave the home to visit the local library but staff prevented them from doing so by saying the library was not open. Staff said this person did not have the capacity to go out unescorted. However, there was no mental capacity assessment in their care records to confirm this and no record of a best interest meeting to support the decisions staff made on the person's behalf. Staff told us they escorted the person out on trips when they had the time.

A 'whereabouts' chart was in place for another person and records showed staff checked the person's whereabouts between hourly and three hourly. There were no instructions within the person's care plan as to how often their 'whereabouts' were to be monitored. Staff said the person had left the building unaccompanied in the past, which was unsafe for them. There was no mental capacity assessment or best interest decision in the care records to support the decisions to monitor the person's whereabouts or prevent them from leaving the building unescorted. This had the potential to restrict people's liberty, however there was no authorisation in place to do so.

We spoke with five care staff, a registered nurse and the manager about their understanding of the MCA. Care staff said they had not received training relating to the MCA to help them understand their responsibilities. Staff training records we reviewed confirmed this. Staff spoken with were unable to tell us how people should be protected under the MCA. One member of staff said, "I haven't heard of that before." The manager told us she had attended training in the past. A registered nurse had received training at a previous service and demonstrated an understanding of how to involve people using the service and others when making decisions. However this knowledge had not been put into practice, as mental capacity assessments and best interest decisions had not been undertaken. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff said they had good support from the manager and received appropriate training, for example, moving and handling; first aid; food hygiene and safeguarding. Staff had been supported to obtain vocational qualifications in care. Staff had received induction training when first in post to help them become familiar with people's needs and help them to work safely with people. One member of staff said the induction period had been "really good" and included two weeks of 'supervised shifts', working with experienced staff. The manager said Skills for Care Common Induction Standards (a good practice tool) was used to support new staff. Completed workbooks were not available for us to view to confirm staff had demonstrated their understanding of how to provide high quality care and support. The manager explained staff retained these. Staff confirmed they received supervision which enabled them to discuss their role, performance and training needs. An external professional provided staff appraisals annually.

Individual staff training records confirmed nine of 28 staff had attended training about managing and responding to behaviour that challenged the service. This meant 68% of the staff team did not have training to ensure they

Is the service effective?

managed and responded appropriately and in a consistent way to behaviour which might challenge them. Staff said if they were faced with aggressive behaviour they removed themselves from the situation and went back later to offer care. However they were not aware of other strategies to promote positive outcomes for people to express themselves in different ways.

Three staff told us they had attended a dementia care workshop, which they found useful when working with people with dementia. Training records showed the majority of staff had not received dementia care training to enable them to support people with dementia and to identify likely 'triggers' of behaviour and therefore help to prevent them from occurring.

The induction and training records for one member of staff who was employed in April 2014 did not contain confirmation they had attended safeguarding training. Individual fire safety training records showed nine staff had not received fire safety training. Six other staff had not undertaken refresher training since 2012 and 2013 respectively. The last fire drill on record was held in June 2013. We discussed the training with the manager who said she had not been able to 'get on top of training recently' but this was something to focus on in the future with support from the deputy manager. Therefore staff were not adequately supported to acquire and maintain the skills and knowledge to meet people's needs effectively and safely.

The manager explained there had been limited opportunities for training specifically related to people's needs, such as end of life care, catheter care; nutrition and pressure sore prevention. This was because external training resources and professional networks had diminished. Professional networks had provided an opportunity for trained nursing staff to meet with peers and update their skills and knowledge. However, the feedback from relatives and professionals and our observations showed this had not impacted on these aspects of people's care. The registered manager explained due to nurse shortages she covered shifts, which meant she had limited time to fully address staff training needs. The registered manager intended to discuss additional external training resources with the provider. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who were able to speak with us said the care and support provided to them met their needs. They confirmed staff had a good understanding of their needs and preferences and that daily routines were flexible. One person told us, "I can be very independent here but also know staff are there to help if I need it." Another person said, "I have been well since living here. Things were increasingly difficult to manage at home." One person felt some staff did not have as good an understanding of their needs, capacity and preferences as others. They told us, "Some staff feel they are in charge of me. I just need to remind them."

People had access to a variety of health professionals to help monitor and maintain their health. For example, the GP, community nurse, palliative care nurse and chiropodist. Referrals were made to other professionals such as community psychiatric nurse and Parkinson's Nurse. This showed staff were involving outside professionals to make sure people's health needs were met. One person told us they were supported to attend out patient's appointments when necessary.

Four relatives said they were happy with the care and support provided to their family member. Comments included, "The person is well supported here and very content" and "The care has been very good in every respect."

Health professionals said the service communicated well with them; referrals were appropriate and the manager and staff acted on their advice or recommendations. A GP told us, "Standards of care here are excellent."

Staff had a good understanding of people's health and personal care needs and were able to explain the support people required to ensure their personal care needs were addressed. For example, staff were aware of how to monitor people whose skin was vulnerable and of people's underlying medical conditions. Staff received a detailed daily handover, which alerted them to any changes. One staff member told us, "The communication is good. We are all told what is going on." All staff said they reported any changes to people's health care needs to the nurse in charge.

People's nutritional screening was undertaken on admission and people who had difficulty swallowing or who were at risk from dehydration or poor nutrition were identified. People's likes, dislikes and allergies were

Requires Improvement

Is the service effective?

discussed and this information was shared with kitchen staff. Records showed people's weight was monitored regularly. Where one person had lost weight action had been taken to reduce the risk and the person received supplements and an enhanced calorie diet.

People said they generally enjoyed the food. Comments included, "I can't grumble about the food, it's alright"; "The food is not bad. I look forward to meals" and "The food is OK." One person felt the food could be over cooked and repetitive. People were not aware of any alternatives offered for the main meal. One person said they would "just eat around" items they did not like. The menu offered one main meal at lunch time with no advertised alternative. The registered manager and chef told us people could request an alternative, such as an omelette or salad if they did not want or like the main meal offered. However, people were not aware they could request alternatives. Following the inspection the registered manager wrote to us confirming alternative dishes had been added to the menu.

Lunchtime in the main ground floor dining was sociable. Some people had family and friends join them for lunch. The food looked appetising. People received sufficient portions and they enjoyed the food. People's specific dietary needs were accommodated, such as meals suitable for diabetes or pureed meals for people with swallowing difficulties. The chef had a good knowledge of people's dietary needs and allergies and was able to explain how they fortified meals for one person, who had been identified as being at risk of weight loss to make sure they had a high calorie diet.

People were supported to eat and drink. Two people who needed assistance were supported with their meals. Staff chatted to the people they were assisting and told them what they were having to eat. They encouraged them to eat and took time without rushing to ensure they ate sufficient quantities.

Good

Is the service caring?

Our findings

People said staff were caring, kind and respectful. Comments included, “All staff are very kind and nice”, and “Staff are really excellent. They are lovely.” Relatives told us “Staff go over and above the call of duty. They are very caring”; “Staff are always polite and friendly. They can have a laugh but they are professional” and “Staff show their respect by addressing people properly.” Professionals also said staff were caring, one said, “Staff are engaged and listen to people.”

We spent time observing the care and support provided to people. We saw interactions between people living at the home and some staff were respectful and friendly. For example one person who was anxious and distressed was supported in a compassionate way with reassurance and positive distraction. However, we also observed two occasions which were less respectful. For example when staff asked a question they did not wait for a reply from the person. Staff moved two people back to their rooms without initially telling them what they were doing.

When staff talked with us about people in the home they displayed a good knowledge of each person’s needs and preferences. Staff spoke about people in a considerate way that demonstrated empathy for the person. Care plans contained information about people’s preferences such as social activities they enjoyed. The activities co-ordinator was aware of people’s interests and arranged activities to suit people’s preferences.

People said daily routines were flexible, they were able to make choices about aspects of their care and about how and where they spent their time. For example they were able to make choices about what time they got up, and when they went to bed. One person said, “I can please myself. I can go out if I want to. I feel very independent here.” Another person said, “I can do as I like. I can choose where to eat. I am eating in my room today.”

Staff described the ways they involved people in daily choices. For example, people were encouraged and supported to choose their clothes and the activities they took part in.

One person had a ‘This is me’ care plan, a tool developed by the Alzheimer’s Society, for people with dementia who receive professional care in any setting. This had been completed by another service prior to the person’s admission to Castle Grove. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for the person with dementia. The registered manager told us they planned to use a version of the tool more widely in the future for people with a dementia type illness.

People’s privacy was respected. All rooms at the home were used for single occupancy, unless a couple requested a double room. People had personalised their bedroom with their possessions, such as pieces of furniture, pictures, photographs and ornaments. This gave bedrooms a personal and homely feel.

We saw staff respected people’s privacy by knocking on bedroom doors and waiting for a response before entering. Privacy signs were used on bedroom doors when personal care was being delivered to help ensure people were not disturbed unnecessarily.

The service provided palliative care for people at the end of life. We spoke with a palliative care nurse who told us, “They manage symptoms really well. I can’t speak highly enough of the service.” A relative whose family member had received end of life care at the home said, “The care was exemplary. There was support for me too.” Care records contained some information about the way people would like to be cared for at the end of their lives. Information in care records showed people and/or their relatives had been involved in discussions about treatment at the end of life and whether they wished to be resuscitated.

People had been given an opportunity to comment about the service and make suggestions for improvements, although not recently. One person said they were aware of two ‘residents’ meetings’ since moving to the home over two years ago. We saw the minutes of the last ‘residents meeting’ held in January 2014, which had been with the chef to speak specifically about the food and menus. People had made requests for a better variety of fish dishes, better quality of bread and better access to fresh fruit. We found these issues had been addressed. One person told us they were given fresh fruit daily. Another person said a wider variety of fish was provided as a result of people’s requests. Following the inspection the manager contacted us to say a ‘residents’ meeting’ had been arranged for 27 October and further meetings were to be held three monthly.

Requires Improvement

Is the service responsive?

Our findings

Prior to admission to Castle Grove, assessments were undertaken by the registered manager to identify people's care and support needs to ensure these could be met. Care plans were developed using information from initial assessments for nutrition, moving/handling and falls. We looked at the care plans of seven people. Six people's care plans included information relating to daily living activities, for example, personal care, communication, eating and drinking, social needs and spirituality.

The care records of one person contained a one page 'temporary care plan' which had been completed on the 23 September 2014 with minimal detail. At the time of the inspection, three weeks after this admission, there was no comprehensive care plan in place to ensure care and support was delivered consistently to meet all of the person's assessed needs. We spoke with the registered manager about this who confirmed a comprehensive care plan was not in place for this person. The relative of this person said they were happy with the care and support. They added, "I am happy with the level of knowledge and experience of the nurses. The care is excellent." Staff were aware of the dietary needs of the person and the need to reposition them to avoid pressure damage, although there were no records to confirm this. A special pressure mattress was in place to reduce the risk of pressure damage. Staff said they received enough information about the person's care needs from nursing staff to be able to deliver the care required.

Four people told us they had spoken with staff about their care needs, medical history and preferences when they moved to the home. However, when asked, they said they had not seen their care plan and could not say what information it held. Two relatives told us they were aware of their family member's care plan and they had provided information where their relative was not able to.

Staff were aware of people's care plans and risk assessments. Staff said they had time to read care plans and that care plans contained the information they needed to provide the necessary care to individuals. Several people spent the majority of the day in their bedroom. Staff said they checked regularly on people who spent time in their rooms to make sure they were comfortable and safe. For example, one person was assessed as being a high risk of falls. The nurse in charge told us the person was checked each time staff passed their room. Other staff told us the person was checked hourly or two hourly. However there were no records of these visits and no evidence of any care that had been provided at each visit.

People were supported to maintain contact with friends and family. Family and friends were welcome to share meals and times for visiting were not restricted. People were able to see their visitors in communal areas or the privacy of their personal room. Several family members and friends visited the home during the inspection. Visitors said they received a warm welcome and were always offered refreshments. One told us, "It is always a pleasure to visit", another said "It's like an hotel. Everyone (staff) is polite and friendly."

People were supported to maintain their independence and community involvement where possible. We were told people went to the local library, shops and cafes. One person told us about the regular trips they made to the local town for shopping and meals. Another person said "I can arrange to go out anytime I want to."

A member of staff was employed part time to provide activities for people and there was a weekly activities programme. We saw people engaging in activities, for example, several people enjoyed a quiz and general discussion in the lounge. Other people enjoyed reading, painting or conversation with others. There were planned entertainments, for instance, people told us how much they had enjoyed a visit from the local museum and a theatre company had visited to provide dance and music. Other activities included; flower arranging; arts and crafts and reminiscence. The activities co-ordinator told us they visited people in their bedrooms regularly to provide one to one sessions, for example, pampering sessions, time to read to people or "just hold a hand". This helped to reduce the risk of social isolation.

People were supported to maintain their spiritual beliefs. A regular service was held at the home and we were told people from the local community also attended.

There was a complaints procedure in place. People were given information about how to raise complaints when they moved to the home. A copy of the complaints procedure was displayed within the home as a reminder. People said they would not hesitate to speak with staff if they had any concerns. People knew how to make a formal complaint if they needed to. All felt comfortable speaking

Requires Improvement

Is the service responsive?

with the manager about any concerns and they said they were confident their concerns would be listened to and acted upon. No complaints had been received by the home since the last inspection. The service had received several compliments and thank you cards. We looked at a selection. Comments included, “How pleased we are Mum and Dad found such a lovely place”, “Thank you for the care….and the wonderful way he was treated at the end, with dignity, respect, care and love.”

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC. The manager was experienced and suitably qualified.

Quality assurance and audit processes were in place, however improvements were needed as some of the shortfalls we found during this inspection had not been picked up prior to our visit. For example, there were no care plan or risk assessment audits to determine whether information in the nursing and care files was up to date and relevant.

Staff training was not monitored to ensure staff received training relevant to their roles. We identified that staff had not received the relevant training to help them understand the needs of some people living in the home. The business plan dated March 2014 stated an annual training plan was developed from staff appraisals. However an annual training plan was not available for us to view.

Although accident/incident reporting systems were in place, there was no evidence that incidents and accidents were reviewed by the registered manager or that analysis of events over time was undertaken to see if there were patterns or themes which could be avoided. This may reduce risks for people or reduce the number of accidents or incidents. This meant there was a risk that lessons learned could be missed. For example, one accident record stated that a person had fallen off the sofa due to the cushion slipping forward. The form also contained information that this had happened previously on more than one occasion. We saw one person was at risk of falling off the sofa during the inspection. Two people living at Castle Grove told us this was a regular problem that staff had been told about. This was raised with the manager who was not aware of the problem and no action had been taken to address the risk.

A medication audit completed by the supplying pharmacy showed satisfactory standards. The manager was addressing recommendations made. The manager completed quarterly medication audits, which we reviewed. The audit did not identify the shortfalls found at this inspection. The last infection control audit had been completed April 2013. The manager said another infection control audit was overdue. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People using the service, their relatives and professionals felt the registered manager was open and accessible. All knew who the registered manager was and said they had regular contact with them and had established good relationships. Comments included, “There is always a happy atmosphere when I visit” and “You can talk with (the manager) and she listens.” This showed us the registered manager took the time to regularly engage and interact with people using the service, their relatives and visiting professionals.

People using the service and their relatives were encouraged to complete an annual satisfaction questionnaire. This covered areas relating to care and support; choices, meals and housekeeping. We reviewed a summary of information from the last questionnaire, completed in February 2014. The majority of responses for all areas were positive. Although the manager was unable to show us an action plan to address areas for improvement, the questionnaire summary provided some information about suggested changes and improvements. For example, as a result of people’s feedback more activities had been offered and there had been changes to menus. This showed us service took account of people’s views and suggestions.

Staff told us the registered manager and provider were accessible and approachable. They felt well supported by their manager and colleagues. Comments included, “We get 100% support from the manager and nurses”, and “I love working here. The training and support is fantastic.” Staff meetings were held which gave staff the opportunity to discuss the needs of people who used the service, share information and ideas, raise any concerns and identify areas for improvement. For example staff had suggested a person should be employed to do the laundry, which was actioned. Their ideas were also listened to with regards to new uniforms.

There were clear lines of accountability and responsibility. Nurses and care staff were aware of their roles and responsibilities, for example in relation to monitoring people’s care needs and reporting changes appropriately,

Requires Improvement

Is the service well-led?

and reporting and recording incidents, accidents and concerns. An out of hours on-call system was in place, which meant staff had access to a senior member of staff to consult with in the event of an emergency.

The service worked in partnership with other professionals to ensure people received appropriate support to meet their health needs. Care records showed evidence of professional involvement, for example GPs and specialist nurses. Professionals contacted as part of the inspection said the service made appropriate referral and always acted on their advice or recommendations. Comments included, “I would recommend the home and frequently do”; and “I have no concerns but would speak with the manager if necessary.”

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.** **Regulation 18 (2)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered person did not have suitable arrangements in place to protect people against the risks associated with the unsafe use and management of medicines.** **Regulation 13**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity received adequate training.** **Regulation 23(1)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

This section is primarily information for the provider

Action we have told the provider to take

People who use services were not protected from unsafe or inappropriate care as the registered person did not regularly assess and monitor the quality of services provided.

Regulation 10(1)(a) (b)