Care South

Castle Dene

Inspection report

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Date of inspection visit:
08 August 2019
09 August 2019

Date of publication:
12 September 2019

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
Castle Dene is a residential care home for older adults. some of whom are living with dementia. At the time of our inspection there were 41 people living at Castle Dene. The service can support up to 50 people. Accommodation is provided over two floors and has a range of communal facilities including lounges, dining areas, specialist bathrooms and accessible gardens.

People's experience of using this service and what we found
People and their families felt care was safe. They were supported by staff who understood how to recognise and act upon concerns of abuse or poor practice. When staff were recruited checks had been completed to ensure they were suitable to work in care. Risks to people were known and actions in place to minimise avoidable harm. Staff followed safe practices to protect people from preventable infections. People received their medicines safely by trained staff who had their competencies regularly checked.

People received care from staff who had completed training that enabled them to carry out their roles effectively. Staff worked with health and social care professionals to ensure positive outcomes for people. People had access to healthcare for both planned and emergency events. People's dietary needs were understood by both the care and catering teams. Meals were well-balanced and provided lots of choice.

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 were treated with kindness and supported emotionally by staff who knew them well. Staff understood people's individual communication skills which meant enabled people to be involved in decisions about their care. People had their dignity, privacy and independence respected by the staff team.

People received person centred care that recognised their diversity and was responsive to changing needs. A complaints process was in place that people and their families were familiar with; they felt they would be listened to if they raised a concern. People had an opportunity to discuss and plan their end of life wishes.

The culture of the home was open and transparent with visible leadership and teamwork. The management team understood and met their legal obligations to be open and honest when things went wrong such as contacting family following an accident or incident. People, their families and the staff team through regular meetings had opportunities to be involved in the development of the service. Quality assurance systems were effective at monitoring standards of care and actioned identified improvements in a timely way.

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 22 February 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?

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.

Castle Dene

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

Castle Dene 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. The registered manager was not available during our inspection, but alternative management arrangements had been put in place to oversee the quality and care provided.

Notice of inspection
This inspection was unannounced on the first day and announced on the second day.

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. We also spoke to local commissioners and safeguarding teams to gather feedback from their experience of the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-
During our inspection we spoke with five people who used the service and six relatives. We spoke with the

operations manager, seven care staff, activities co-ordinator, chef, administrator and two housekeeping staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
We reviewed five people's care files and discussed them with staff to check their accuracy. We checked three staff files, care records and medication records, management audits, meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observed staff practice.

Good

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 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 and their families described the care as safe. One person told us, "I definitely feel safe; all the (staff) are lovely". A relative told us, "Staff always seem to know where (relative) is whatever time I visit and that's important to me".
- Staff had completed safeguarding training. They were able to describe how they would recognise signs of potential abuse and understood the actions they needed to take if they had concerns.
- Staff were familiar with the organisation's whistleblowing policies and the importance of reporting poor practice.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, and were monitored and regularly reviewed. These included risks associated with mobility, dehydration and malnutrition, skin damage and safe swallowing. Staff understood the actions needed to protect people from avoidable harm.
- People, and when appropriate families, were involved in decisions about how risks were managed. This ensured people's freedoms and choices were respected. One person had a high risk of falls and their relative explained, "We have been to the falls clinic and (relative) now has an alarm mat (to alert staff if they get out of bed). It was discussed with me first as I'm next of kin".
- Equipment was serviced regularly including the lifts, fire equipment, and hoists. People had personal evacuation plans, which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Staffing and recruitment

- People were supported by staff that had been recruited safely. References had been obtained and criminal record checks completed to ensure suitability for working with in a care setting.
- Staffing levels met people's need. One relative told us, "You don't see a lot of change of staff, everyone knows everyone".

Using medicines safely

- People had their medicines ordered, stored and administered safely by trained staff.
- Protocols were in place for medicines prescribed for as and when required which provided staff with guidance ensuring appropriate administration of these medicines.
- When people were prescribed creams, body maps provided clear guidance for care staff on correct administration.

Preventing and controlling infection

● People were generally protected from avoidable risks of infection. Some bed rail bumpers had tears and were in poor condition. This meant they could not be cleaned effectively. We discussed this with senior staff who organised immediate replacements.

● Staff had access to appropriate personal protection equipment such as gloves and aprons and we observed them following safe practices.

Learning lessons when things go wrong

● Accidents, incidents and safeguarding complaints were reviewed by the management team and analysed so actions could be taken where necessary, trends could be identified, and learning could be facilitated.

● Actions and learning included contact with health professionals such as a specialist Parkinson's nurse to discuss strategies for reducing a person's falls.

Good

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People, and when appropriate their families and social care and health professionals with knowledge of the person had been involved in pre-admission assessments. Information gathered included details of a person's care needs and lifestyle, spiritual and cultural choices.
●Assessments had been completed in line with current legislation, standards and good practice guidance and used to create people's initial person-centred care and support plans.

Staff support: induction, training, skills and experience
● Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively.
• Training reflected the needs of people including dementia care. We spoke with a relative who told, "Staff understand (relative's) dementia. They go into her feelings; they don't correct her".
• Staff had an annual appraisal where they set goals including opportunities for professional development such as diplomas in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet
● People and their families consistently spoke positively about the food. One relative told us, "(Name) has a full English every day as they need their protein." We observed a range of home cooked, well balanced meals being served at mealtimes.
● People's individual dietary needs were understood by both the care and catering teams. This included likes, dislikes and any special dietary requirements. Plated meals were used to demonstrate choices and aid people's decisions.
● Some people used adapted crockery such as lipped plates and beakers to aid their independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Records showed us that staff had worked with other health teams to enable consistent, effective care. Examples included working with a physiotherapist who had provided equipment and instructions for staff that aided a person's positioning in bed.
• People had access to a range of healthcare services including chiropodists, opticians, dentists and audiologists, for both planned and emergency situations.

Adapting service, design, decoration to meet people's needs
● People had access to both private spaces, an area to meet and socialise and an enclosed accessible

garden. A passenger lift provided access to the first floor. Specialist bathing facilities were available for people when needed.
● There was a lack of signage directing people to various areas of the home including the lounge, dining areas and bedrooms. This meant people with sensory problems were not always able to orientate themselves independently around the building. We spoke with the director of residential care who told us this would be addressed as part of a planned refurbishment.

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.

● Records and observations demonstrated that people were involved wherever possible in decisions about their care and had their legal rights upheld.
● When people had been assessed as lacking capacity to make a decision records showed us best interest decisions had been made on their behalf and included input from both families and professionals who knew the person well.
● Records and discussions with families demonstrated that conditions attached to authorised DoLS authorisations were being met.

Good

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 and their families spoke positively about the care. One relative told us, "It's like a family here; they are all so lovely". Another said, "(Relative) is happy and always telling me the staff are wonderful".
- We observed staff having warm, kind interactions with people when they needed emotional support. One person had been unwell the previous day and a carer gave them a gently hug and checked how they were feeling. A relative told us, "Staff are kind. Some people can get upset but the staff deal with it very well; they are very patient".
- People's individuality was respected and reflected in how they chose to dress and personalise their rooms.

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

- Staff understood people's individual communication needs, which meant they were able to involve people in decisions about their care. A care worker explained, "Our dementia training helped so much; it's nice to know not to give too many choices, give people time to reply, be patient."
- We observed respectful interactions between staff and people. Staff explained their actions to people, giving people time and listening to what they had to say.
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected throughout our inspection. Staff used people's preferred names when addressing them, knocked before entering rooms and maintained people's dignity when providing support.
- Confidential data was accessed by electronic passwords or stored in a secure place, ensuring people's right to confidentiality was protected.

Good

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

- People had care plans that reflected their personal care needs and choices. These were understood by staff and reviewed regularly with people and their families. A relative told us, "The care plan is always open to me and the staff sit and go through it with you".
- People had their spiritual and cultural needs met. Staff found innovative ways to meet people's spiritual needs and had used technology to live stream roman catholic services for a person unable to attend church.

- People had opportunities to be involved activities tailored specifically to their interests. One person loved dancing. They told us, "Once the music starts you've got to get up and do it; anything that makes you happy". A relative told us about a pet dog that visited, "(Relative) loves him and feeds him a couple of biscuits."
- Involvement with the local community had included people attending a local summer fete, school children visiting to play games and read and trips to the local beach with a picnic.

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's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses, hearing aids or support with visual prompts.
- Guidance on how to meet people's communication needs in line with AIS were displayed on a public noticeboard.

Improving care quality in response to complaints or concerns

- People and their families were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. The information included contact details for external agencies complaints could appeal to if they felt their complaint had not been dealt with satisfactorily.
- Records showed us that when concerns were raised they were investigated, and were appropriate actions taken to improve care quality.

End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural requirements and decisions on whether they would or would not want resuscitation to

be attempted.

Good

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 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

- Staff and families consistently spoke positively about the leadership of the home. A care worker told us, "(Senior team), are approachable and listen to any ideas we have".
- Staff told us they enjoyed their jobs and felt appreciated and supported in their roles. We observed staff from all departments working together as a team to provide person-centred care to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the home was open and transparent. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance processes effectively captured service delivery, identified areas requiring improvement and provided opportunities for learning. One audit had identified that swallowing plans had not been shared with the kitchen staff and we found this action had been completed.
- People, their families and the staff team had opportunities to feedback comments both informally and through planned quality assurance surveys.

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

- People, their families and staff had opportunities for developing the service and sharing information and learning through regular meetings and social events. A care worker told us, "We have regular meetings and its an opportunity to express how we feel about things".
- Meeting minutes included topics such as infection control, health and safety and forthcoming events.

Working in partnership with others

- The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included national organisations linked with social care practice

such as Skills for Care.

● Castle Dene were involved in an interim bed scheme with the local hospital. The scheme involved providing support to people between a hospital admission and returning home with an aim to reduce hospital re-admissions.