

Kirklees Metropolitan Council

Castle Grange

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Castle Grange is a residential care home providing personal care to up to 30 people. The home provides support to older adults and people living with dementia. At the time of our inspection there were 26 people using the service. The home accommodates people on 2 floors. There were three separate units, including Willow, Sycamore and Rowan.

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

Systems were in place to safeguard people from the risk of abuse. Medicines were managed safely, and competency assessments carried out to monitor staff performances. Risks to people were managed by staff following suitable risk assessments. The provider carried out the relevant assessments on the home to ensure people were safe to live there. We saw staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and staff were recruited safely. People were encouraged to visit the home and spend time with their loved ones.

Care plans were up to date and regularly reviewed to ensure people's preferences and choices were being upheld. People were offered choices during mealtimes and enjoyed the food provided in the home. The home ensured people had access to health care professionals when required and any necessary referrals were being made.

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.

The registered manager and staff were open and honest, in dealing with concerns raised. There was a positive staff and management culture that people living in the home and relatives had commented on. Staff were keen to learn and drive improvement to ensure people received the best possible care. Effective governance systems were in place to ensure oversight and monitoring of the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 June 2019).

Why we inspected

We carried out an unannounced focused inspection of this service on 7 March 2023.

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Castle Grange

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Castle Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Castle Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 7 March 2023 and ended on 15 March 2023. We visited the service on 7 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 staff including the registered manager, operations manager and care staff. We spoke with 4 people and 2 relatives about their views of the care provided. We reviewed the care records for 3 people, numerous medicines records, 4 staff recruitment and supervision files, records related to governance systems and processes and other documentation relevant to the running of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection medicines were not managed safely as there were inconsistencies in the quality of the recording of protocols for people who needed 'as and when' required medicines. At this inspection we found medicines were managed safely and protocols were in place.
- Medicine training and competency assessments had been completed by all staff administering medicines.
- Some medicines were given covertly (hidden in food or drink) and the appropriate documentation was in place to inform staff of how this should be administered.
- People were given their medicines as prescribed and supported to have regular reviews. One relative told us their family member was supported to stop taking a medicine, with positive results and no adverse effects.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse.
- Staff had completed safeguarding training and understood their responsibilities to protect people from possible harm or abuse. One staff member said, "If anything was happening with a service user relating to abuse, I would report it to my manager."
- People told us they felt safe living in the home. One person said, "Staff are very good. Yes, I feel safe. It's very nice."
- The registered manager kept a safeguarding log to ensure there was oversight of any concerns raised and actions taken.

Assessing risk, safety monitoring and management

- Risk assessments were detailed and included relevant information to mitigate potential risks. For example, one person who suffered from seizures had a specific risk assessment as to how seizures were to be managed, and what action staff should take.
- Risk assessments were reviewed monthly to ensure any changes were recorded.
- Staff we spoke to were knowledgeable about people's risks and how these should be managed.
- People had personal emergency evacuation plans in place with information should they need evacuating from the home.
- The environment and equipment were maintained to keep people and staff safe, and all building-related safety certificates were in place.

Staffing and recruitment

- Rotas confirmed there were enough staff employed to ensure people's needs were being met daily. People and their relatives also told us there were enough staff to meet their needs.
- Staff said there were always enough staff on shift. One staff member said, "I think it's (staffing) pretty good. Two staff on each unit and the team leaders if we need them. It's really good at the moment. If anyone calls in sick, they (management) do get cover."
- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting. This included identity checks, previous employment, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported visits for people living in the home in line with current guidance. One relative said, they come to the home most days to support their family member during lunch time and the home had been supportive of this decision. One service user told us their family visited weekly.
- The home facilitated events to encourage people to visit the home and spend time with their loved ones. One relative said, "They put on events for family which is nice. They have had Christmas, Halloween and Valentines parties."

Learning lessons when things go wrong

- Systems were in place to manage and monitor accidents, incidents and safeguarding.
- Incident and accidents were managed effectively with appropriate actions taken to prevent future risks and lessons learnt. For example, people that had fallen were monitored for any bruises and a falls chart put in place to monitor possible future risk.
- Staff understood the importance of reporting and recording accidents and incidents and told us lessons learnt were discussed within the team. One staff member said, "If someone had a fall, you would ring your team leader and let the manager know. Ring for paramedics if needed. Make sure the person is comfortable. We also fill out an incident form and it's discussed in team meetings."

Is the service effective?

Our findings

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

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

- Initial assessments were carried out by the home to ensure people's needs could be met prior to them coming to Castle Grange.
- People's care needs were assessed and reviewed regularly to ensure their care needs were relevant to them.
- Care plans recorded people's preferences and choices about their care. For example, one person had an interpreter come into the home to complete their 6 monthly review so they could be included.

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadowing experienced staff before starting in their role.
- Staff received relevant training to help them meet people's needs. They updated their training and attended refresher courses.
- Staff told us they received regular supervisions and had annual appraisals. One staff member said, "We have regular supervisions. I do supervisions every three months with the carers and then I am supervised by the deputy or manager. Any issues arising, we might do more. I have an appraisal every 12 months."

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

- People were supported by staff to eat and drink enough to meet their needs.
- We observed the lunchtime service and people were offered choices of food and drinks throughout. Outside of mealtimes, people were offered drinks and snacks at regular intervals. One person was asleep at lunchtime, so staff kept their meal and offered it to them when they woke.
- People told us they enjoyed meals at Castle Grange. Comments included, "The food is good" and "The food is really nice."
- Staff understood people's dietary needs and any specialist needs. People with swallowing difficulties or who were at risk of choking were provided with modified foods. These were prepared in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI) standards and instruction provided by speech and language therapists (SaLTs).
- For those people who required support to gain weight, food and fluid charts were in place and people were regularly weighed to reduce risk of malnutrition.

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

- People were supported to manage their healthcare conditions and needs. For example, one person had regular support from district nurses to help maintain skin integrity.
- Staff understood people's conditions and how they should support people with these. One staff member said a service user had been coughing whilst drinking fluids and this was discussed with SaLTs who advised using thick and easy to prevent a possible choking risk. This was actioned and the person no longer has difficulties drinking.
- Staff were quick to respond if people were unwell. One relative said, "They (staff) have been really good. If there is there ever an issue, they will call health professionals."

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

- The design, decoration and layout of the home was clean and tidy.
- The environment was suitable for people living with dementia. There was signage around the premises which helped people identify areas they might wish to access such as the lounges, dining rooms or toilet.
- People's bedrooms had been individually furnished in line with their choices and preferences. For example, some people had photos of their family on the walls and one person had a scrap book of their time throughout the years.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to assess people's capacity. If people lacked capacity to make specific decisions about their care the provider would involve people's representatives, relatives and healthcare professionals to ensure decisions would be made in people's best interests.
- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.
- Staff asked for people's consent prior to carrying out any person care. One staff member said, "Our residents are given choices and we promote as much independence as possible. If people are unable to make choices, they are made on their behalf. In the care plans it will say if they can't make that decision and what decisions they can make."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear management structure and staff showed a good understanding of their roles and responsibilities. The staff team worked together to ensure people received good care. One staff said, "I love it here. I have worked in care for 10 years and this is the best home I've worked in. Staffing levels are brilliant, and management are really supportive. There's enough higher up staff that you get supported."
- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC.
- There were effective quality assurance systems in place to ensure oversight of the home, any shortfalls identified and actioned and to drive improvement. This included regular audits, surveys and competency assessments.

Continuous learning and improving care

- Staff had a positive outlook on continuous improvement and learning. The registered manager and staff spoke positively about their commitment to making improvements to the care people received. One staff member told us, "The home is very forward-thinking and open to change and improving."
- The registered manager had recently introduced champion roles for staff to develop and improve their knowledge of specific areas of care, such as end of life and medicines.
- Staff meetings took place to share views and staff told us the management team listened to these.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for 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 registered manager and staff promoted a positive culture in the home. People and relatives spoke positively about the care and support they received. Comments included, "The staff have been lovely; they are helpful, pleasant and treat [name of service user] well" and "I find it brilliant. It's a lovely place. I wouldn't wish to be anywhere different."
- Staff told us the management team were approachable and supportive. One staff member said, "[Name of registered manager] has an open-door policy and deputy managers are available. They help out. If there are any issues, we can go to [Name of registered manager]."
- The duty of candour was understood by the registered manager and throughout our inspection the registered manager and staff were honest and open. Complaints were responded to in a timely manner with

outcomes and actions taken when things had gone wrong.

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

- We observed positive relationships between staff, people living in the home and their relatives. One staff member said, "It's so welcoming (the home) it's like a family. We have a good rapport with all the families."
- Regular care reviews were carried out with people and their relatives to gather feedback and to make any necessary changes to their care.
- People's equality characteristics had been explored and identified as part of the care planning process.
- The provider used surveys to gather feedback about the home and to take action when improvements were suggested. One relative said, "The home has managed a very difficult situation extremely effectively. Castle Grange Management are professional, compassionate and caring. I could not ask for better support for [Name of service user]. I feel privileged to have been fortunate enough to have secured a place at Castle Grange."

Working in partnership with others

- The home worked together with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed.
- Staff ensured referrals had been made in a timely manner to enable people to access health and social services when needed.