Milkwood Care Ltd

Castleford House Nursing Home

Inspection report

Castleford Gardens
Tutshill
Chepstow
Gloucestershire
NP16 7LF

Tel: 01291629929
Website: www.elderlycare.co.uk

Date of inspection visit:
10 April 2019
12 April 2019

Date of publication:
20 June 2019

Ratings

Overall rating for this service	Outstanding

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Outstanding

Summary of findings

Overall summary

About the service: Castleford House is a residential care home which can provide personal and nursing care to 43 older people. At the time of the inspection 39 people were receiving care.

People's experience of using this service:
The service was outstanding in how it provided highly personalised care and support to people with complex needs, sometimes under challenging circumstances. The service succeeded in doing this where other care settings had failed.

There was a truly holistic approach to assessing and planning people's care and treatment. There was a strong emphasis on working collaboratively with the person, their representatives, other professionals and agencies to support people's challenging needs.

Staff were particularly skilled in obtaining people's consent and involving and supporting people in decisions about their care and treatment, even when disability and other impairments made this extremely difficult. People's best interests were always met

Well formulated and well implemented positive behavioural support plans ensured the safe management of people's challenging behaviours. Staff were exceptionally skilled at finding and implementing strategies which alleviated people's distress.

The registered manager worked tirelessly to ensure the services systems, processes and values supported a highly person-centred approach to care. People were placed firmly at the centre of all decisions made in the running of the service.

The registered manager was highly motivated in wanting to improve the service further. Feedback of any kind was used for learning and reflected on to help in this. Quality monitoring arrangements had been strengthened further to help identify improvements and ensure actions which led to improvement were completed.

The registered manager afforded great time and effort to ensure people, their relatives and staff had access to them whenever they needed.

Relatives and people's representatives were provided with support and education to understand their relatives' complex needs. This enabled staff to work collaboratively and positively with people's representatives, to improve people's wellbeing and quality of life.

There was a strong emphasis on ensuring people had a voice. Advocacy support was accessed for people when this was needed.

The registered manager was highly motivated in making links local community groups which could support and enhance people's contacts in the wider community and improve their wellbeing.

Lifestyle co-ordinators provided exceptionally meaningful activities which promoted social engagement, mental stimulation and fun.

Staff received training and on-going support to be able to meet particularly challenging needs. They were committed to the registered managers values and vision for the service and felt proud to work of their work and of the service.

Professionals told us they were confident in staffs' abilities and their knowledge around supporting people's health needs and complex mental health needs.

Risks to people were reduced. Staff ensured people were protected from abuse and discrimination. People's diverse needs and beliefs were celebrated and met. There were well imbedded arrangements in place to make sure this remained the case.

Technology was used, along with least restrictive practices, to support people's independence, without compromising their safety.

People were supported to eat well, and their nutritional risks were assessed and managed. The use of medicines was closely monitored, and people received the help they needed to take their prescribed medicines.

Staff were kind and caring towards people. Trusting relationships were formed which enabled staff to deliver people's care safely and without distress.

Rating at last inspection: The rating at the last inspection was Good. The last inspection report was published on 20 October 2016.

Why we inspected: This was an unannounced scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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 Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our Responsive findings below.	**Outstanding**
Is the service well-led? The service was exceptionally well-led. Details are in our Well-Led findings below.	**Outstanding**

Care Quality Commission

Castleford House Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, caring for someone who lived with dementia.

Service and service type:
Castleford House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provide, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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 inspection: We reviewed all the information we held about the service. This included statutory notifications received since the last inspection (October 2016). These notifications include information about significant events, which the provider must make CQC aware of. We reviewed the Provider

Information Return (PIR) as part of the provider information collection. This had been submitted by the registered manager on 31 August 2018. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection: We spoke with seven people who used the service and six visitors (family and friends) and gathered information about their care and their views of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with day and night staff which included two nurses, five care assistants and two lifestyle (activities) co-ordinators. We spoke with the chef, deputy manager, registered manager and an operations director. We also spoke with two visiting health professionals and one visiting adult social care professional.

We reviewed care plans and risks assessments relating to 10 people. This included records relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We reviewed two staffs' recruitment and induction training records and the service's central staff training record. We reviewed audits completed by the registered manager and deputy manager. We also reviewed quality monitoring records completed by the operations director.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Preventing and controlling infection.
•People were protected against abuse and actions were taken to address people's risks. People told us they felt safe and their representatives told us they had no concerns relating to people's safety. One person said, "I'm very safe. It's because you know the doors are locked" and a relative said, "Safe? oh yes, no worries there. I can visit at any time and it's the same all day. No worries about safety."
•Safeguarding policies and procedures were in place and adhered to. Staff received training on how to identify abuse and report their concerns. They were encouraged to challenge and report poor care. Managers took action when concerns were reported to them to keep people safe. Relevant information was appropriately shared, with other professionals and agencies to protect people from abuse or harm.
•Risk assessments gave staff clear guidance on what people's risks were and the action they must take to reduce these. For example, those associated with falls, choking, bleeding, and developing pressure ulcers.
•Specialised equipment was sourced, and technology used to help manage risks. Pressure reducing mattresses, padded floor mats, beds which lowered to the floor, sensor mats and movement sensors were all seen in use.
•Behaviour management plans were implemented by the staff effectively. People with challenging behaviours, and those around them, were supported to remain safe.
•Risk management actions were monitored, reviewed and adjusted, to ensure these remained effective in protecting people from avoidable harm.
•People lived in a well-maintained environment which kept them secure and safe.
•There were measures in place to keep the environment clean and to reduce risks of infection. One person said, "Yes, they (staff) do wear gloves, aprons and wash their hands." A relative said, "Yes, it's (the home) always clean and tidy and never smells."

Staffing and recruitment.
•Safe staff recruitment practice remained in place. A police check, references and employment history check were carried out before new staff worked with people. The qualifications and registrations of all nurses were checked with the Nursing and Midwifery Council (NMC).
•All staff completed induction training and were monitored for suitability during their probation period.
•Staffing numbers had been increased since the last inspection in response to people's level of need and risk. Staffing levels had also increased over weekends in response to people and their relatives' feedback.
•Agency staff were rarely required, although used when people required one to one care. We witnessed a comprehensive handover given to an agency member of staff, about one person's needs and care.
•One person said, "I have no problems getting hold of staff if I need them" and a relative said, "There seems to be enough staff. Call bells are answered quickly." We also observed staff responding quickly to

people's call bells.

Using medicines safely.
• Nurses administered people's medicines and their competencies were reviewed.
• Medicines were effectively ordered and stored according to current guidance.
• Records relating to people's medicines were well maintained. These were audited regularly to ensure this remained the case.
• Best practice guidance was followed, in the use of antipsychotic medicines and medicines prescribed to be taken 'when required'. For example, medicines used for periods of anxiety, distress or pain to. This avoided prolonged or inappropriate use of these medicines.
• Additional guidance was in place for the care of people who were prescribed blood thinning medicines. Risks associated with these such as, excessive bruising and internal bleeding were assessed. Staff were aware of people who were at high risk of this, for example, those prone to falls.
• People who lived with conditions such as Parkinson's Disease, Diabetes, Epilepsy, chronic pain, constipation and infection were effectively supported because they received their medicines as prescribed.

Learning lessons when things go wrong.
• Staff were aware of their responsibilities to raise concerns, to record accidents and incidents, near misses and things that had not gone to plan. We spoke to staff who had reflected on a situation which had not gone to plan. They had correctly reported the incident which the registered manager was investigating at the time of the inspection. Appropriate professionals had been informed as had the representatives of the person involved. Lessons were in the process of being learnt from this.
• Records were correctly kept of investigations completed and the actions taken following these.

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.

Good: 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's needs were assessed before they moved into Castleford House by the managers. This ensured only people with needs which staff could meet were accepted.
•□During the assessment process people's choices, aspirations and their expectations were explored and discussed and incorporated into the planning of people's care.
•□People's care was delivered in line with best practice guidance and current legislation. Managers liaised with specialist practitioners to ensure practice was kept updated.

Staff support: induction, training, skills and experience.
•□People and their relatives told us they considered staff to be well trained.
•□Staff were provided with induction training and on-going training to keep their skills and knowledge up to date. One member of staff said, "Training can be quite intensive; the refresher courses are good." They also told us they found the training provided by the registered manager, on dementia care, mental health and the Mental Capacity Act to be helpful. They said, "It really helps to understand why people say the things they do and to understand the reasons behind some behaviours."
•□A member of staff responsible for supporting other staff confirmed they received appropriate training and support to fulfil this role. Another member of staff was a qualified mentor for the Care Certificate, which staff new to care were supported to complete. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
•□All staff confirmed they were provided with regular supervision meetings with managers or immediate team leaders, where they could discuss their progress, any concerns or training requirements.
•□Nurses were supported to maintain their personal professional development in order to be able to remain registered with their professional regulator the Nursing and Midwifery Council [NMC].

Supporting people to eat and drink enough to maintain a balanced diet.
•□People received support to eat and drink and to maintain their nutritional wellbeing. People's nutritional risks were assessed, and action taken to lower these. For example, soft and pureed food was provided to help people eat safely and to prevent choking or, additional calories were provided to help maintain weight.
•□The chef had spoken to people about their likes and dislikes and they accommodated these. People were supported to make food and drink choices.
•□People had been involved in adjusting the provider's new menu to suit the preferences and needs of those who lived at Castleford House.

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

• The home provided specialised equipment and an environment with adaptions to meet people's needs. We saw bathrooms which accommodated hoists and toilets with support bars and call bells, so assistance could be summoned when needed.
• Since the last inspection one lounge had been extended to provide more communal space for people to enjoy. The additional space provided more space for people's care equipment to be used safely; wheelchairs, hoists and a specialised curved table for one person.
• A room, overlooking the garden, had been given a tea-room theme. People could sit here with their visitors and enjoy tea and cake, and it provided an additional space for smaller group activities.

Staff working with other agencies to provide consistent, effective, timely care;
Supporting people to live healthier lives, access healthcare services and support.
• Staff worked effectively with healthcare professionals and other agencies to meet people's health needs.
• Staff communicated effectively with hospital discharge teams and commissioners of care, so people could access the home in a timely manner. One relative described the sense of relief they had felt when the registered manager had acted quickly to assess their relative's needs. The registered manager had also liaised with commissioners of care and organised their relative's transfer to Castleford House within two days.
• One visiting healthcare professional said, "The nurses are knowledgeable and refer to us appropriately. I trust the nurses here to contact us when we are needed."
• Staff hand-over meetings were used to share information, between staff, about actions taken to meet people's health needs or about on-going monitoring needs.
• Staff sought guidance from healthcare specialists when required and followed their advice. They referred to the emergency services as needed.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Staff applied the principles of the MCA in practice. People were presumed to have mental capacity and supported to make independent decisions about their care and treatment where at all possible to do so. A person said, "Yes, they ask for my permission before providing care. My decisions are respected."
• Where it was indicated or suspected that people lacked mental capacity to make particular decisions, their capacity was assessed. People's capacity to make decisions was reviewed as necessary as staff were aware people's mental capacity could fluctuate.
• Particular decisions, made on behalf of people, about where they lived and their care and treatment, were made in their best interests.
• Best interests decision were made by involving relevant person's; where at all possible, the person the decision was about, their legal representative/s, an Independent Mental Capacity Advocate (IMCA) where required and involved professionals. The details of the decision-making process and the decisions made were recorded.

- In everyday practice, staff were skilled at supporting people to make simple independent decisions, to make choices and to provide consent so care could be provided lawfully. A relative said, "Yes, they gain permission. They usually explain what they're going to do. They communicate really well with (relative). They [staff] have the skills and know what they're doing."

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.

Good: 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 had continued to be well supported and treated with respect. People were treated as individuals, their differences appreciated and celebrated. and staff were kind towards them.
•□Staff were kind and caring towards people and made their relatives and friends feel welcomed. One person said, "Yes, they are nice to me" and a relative said, "They are definitely kind and caring. My overall perception is good." Another relative said, "They [staff] are all caring here."
•□Staff had received Equality and Diversity training as well as human rights awareness training. The provider's policies and procedures supported people's rights and were in line with the Equality Act 2010. Staff were averse to any form of discrimination and able to report any relevant concerns.
•□A member of staff had been trained to be a lead and support to others on equality and diversity issues including LGBT needs and support.
•□Different faiths and beliefs were accepted and celebrated. One person received visits from a representative of their faith. Staff had taken time to understand the fundamentals of this faith and its importance to the person.

Supporting people to express their views and be involved in making decisions about their care.
•□People were supported to express their views and be involved in decisions made about their care. One person said, "The staff are good. They listen to you." Another person said, you only have to mention a worry or an upset to the nurse in charge. They will tell the manager who will try to sort things out."
•□There were several examples, where people with complex needs, had been supported to make decisions about their own care and treatment. These included decisions to receive hospital treatment and those related to medicines.

Respecting and promoting people's privacy, dignity and independence.
•□People's dignity and privacy continued to be maintained. Care was provided to people in private and by the person's preferred gender of staff.
•□People were called by their preferred name, supported to make choices in what they wore, ate and took part in which helped to retain their dignity in care.
•□We observed staff supporting people to eat and walk independently, by providing them with equipment which helped people to this. Staff added just the right amount of additional support when it was needed. Staff were keen for people to retain the skills they had so they did not take over and perform tasks which people were able to independently.

Outstanding ☆

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• Staff were exceptional in the way they supported people who lived with highly complex needs. In some cases, where previous care placements had failed due to the complexity of people's needs.
• People who had previously been detained in hospital for treatment under the Mental Health Act were also successfully supported. We examined the care planning and care delivered to two such people. Triggers for distress and challenging behaviour had been identified and actions taken to avoid these. Records showed that potential times of stress were successfully managed. We observed one person receiving one to one support from a member of staff to maintain their wellbeing. This had included a quiet walk in the garden.
• Staff had an excellent understanding of people's diverse social, cultural diversity. They understood how these, along with people's values, beliefs and their illnesses may influence their behaviour and decision making. Personalised care planning was in place for a person who often refused their planned care. A member of staff explained how staff worked in collaboration with this highly complex person to meet their needs. The staff member said, "It's not about what we [the staff] want, it's about what [name of person] wants, what they will agree to and how we can support [name] with that in a positive way." This person was being successfully supported at Castleford House where other care settings had not been able to do this.
• Staff used innovative and individual ways of working with people, sometimes under difficult circumstances, to help them feel listened to and included in the planning of their care and treatment. In one person's case they had used technology [an electronic tablet with WIFI connection] to show the person the kind of treatment and support they required. This helped this person plan care, with the staff, which they felt able to accept. This care and treatment was subsequently delivered and it addressed the person's health problem.
• People's representatives told us they were able to contribute to the planning and review of their relatives' care. They confirmed there were always opportunities to talk with staff about their relatives' care. Staff were excellent at working collaboratively with people and others, to formulate a plan of care which improved people's wellbeing.
• The registered manager said, "I will do anything to ensure people have a person-centred experience. I will do whatever I can to give people the best quality of life possible." We observed this ethos to be firmly embedded in the way the staff supported people.
• One person told us staff went through their care plans with them and asked them if there were any areas of their care they wanted changed. This person was satisfied with the current support being provided to them.
• One representative described a transformation in their relative since they had arrived at Castleford House. When comparing Castleford House to their relative's previous care home they said, "It's [Castleford House] an amazing difference. The care here is always outstanding, you can't put a price on that." Their relative was now allowing staff to support them with their personal care and they were wanting to take part in social

activities. The representative described their relative as having their "personality back" and they said, "They [staff] have exceeded my expectations, they go above and beyond."
• Another person's relative was emotional in the way they described the relief of having their relative being cared for at Castleford House. This person had physical and communication needs which had caused them to withdraw and become low in mood. The relative said, "I have observed the staffs' skilled interaction with [relative] and others. They know how to get a response and they have a banter with [relative]." They told us they had noticed a marked improvement in their relative's mood since being at Castleford House.
• One adult social health care professional confirmed Castleford House had been a particularly successful care placement for one of their clients. Their client had complex mental health needs and their behaviour could be unpredictable. They said, "The staff here are particularly good with people with complex needs." In the case of the person they reviewed on the day of the inspection, they said, "[Name of registered manager] has not been on the telephone to me as other care homes would have been." They told us the staff team at Castleford House "Had done everything possible" to find alternative strategies to support this person's behaviours, other than the use of medicines. Staff had gained this person's trust and were able to support the person with their personal care needs, which had not been possible in other care settings.
• People's quality of life was enriched through the support given to them to take part in activities, which were both therapeutic and meaningful. Designated staff called, lifestyle co-ordinators, took a lead in supporting these.
• The registered manager was open to any ideas which supported people's inclusion in meaningful and therapeutic activities. They had led an exceptional campaign [which had been reported on in the local media] to raise money for a specialised piece of equipment. At Castleford House this piece of equipment was predominantly used with people who lived with dementia. Colourful images and games were projected onto a table top, which then responded to people's interactions. It was known as the 'magic table' and for people with severely limited cognitive and physical ability it supported social interaction, movement and fun. We observed one person's eyes light up as they played a game of ball with a dog and chased colourful fish through water, achieved through the simple movement of their hand on the table. Another person, only able to put their fingers on the table, was fully engaged with making colourful flower images get larger and smaller through simply touching these with their fingertips. Led by a member of staff who provided verbal stimulation and praise, these people, who lived with severe dementia, were fully engaged and having fun.
• An additional role had been introduced which complemented the lifestyle co-ordinator role, that of reminiscence lead and companion. This member of staff primarily supported those who lived with dementia and other cognitive impairment. They were a qualified 'shared reader leader' and supported people who lived with dementia to take part in reading and poetry groups. Facilitated in a skilled way this supported people's ability to express themselves, reduced apathy and promoted cognitive and social stimulation. This member of staff also, read to people, providing moments of distraction and calmness in those who could not initiate this independently. This member of staff also provided dedicated time to people who just needed companionship. One person's repetitive calling out for reassurance was reduced by this member of staff just sitting alongside them for periods of time. The member of staff said, "It gives [name of person calling out] some respite." They went onto say, "We all want to feel listened to, to be included and feel cared for. We are lucky that this home is run in such a way, where non-task led interactions are seen as being just as important."
• We observed people joining in activities which they enjoyed. People who had declined to be actively involved in one activity, were skilfully included in the subsequent conversations and fun being had in the room.
• One person said, "Activities, I like it." This person went out shopping with the staff, had been baking on one morning of the inspection and enjoyed gardening in the better weather.
• One relative said, "Definitely enough to stimulate (relative's name). Yes, happy with the quality of the activities. Lifestyle [co-ordinators] work very hard".

- People were fully involved in choosing and planning the day's activities. One lifestyle co-ordinator was a qualified beautician and organised regular 'pampering' sessions. Hand massages and nail care had proven to be popular with both females and males. Females also enjoyed support to apply their make-up. The lifestyle co-ordinator said, "They still want to look and feel good, so they ask for my help." An idea put forward by a person who enjoyed these sessions, had led to starting a free, in-house service, also named by the person as 'Beautician on a Mission'. A 'Therapy Menu' had been produced and provided people with a choice of therapies. Relatives could now request a 'pampering' session as a treat for their relative.
- Trips out had included a day at an adventure park which included equipment adapted for wheelchair users. One person had been on a swing and a trampoline adapted to take a wheelchair. Another person had gone down a slide independently. The lifestyle co-ordinator said, "They had an amazing day and [name of person in a wheelchair] could not stop smiling."
- People were supported to be as independent as possible through the use of technology and by staff not being risk adverse. For example, some activities were risk assessed and action taken to lower the risk of harm to people without compromising opportunities for fun and independence. An example, being the day at the adventure park and the involvement of those who used wheelchairs.
- In one person's case, a member of staff had gone above and beyond to support the person's wish to take part in a local community exercise group. They had arranged for an older member, of their [the staff member's] own family, to go with this person. The person had thoroughly enjoyed their new experience.
- The registered manager had made links with a local memory club and they supported people to attend this each month. The registered manager told us this enabled people who were still able to, to meet up with others, in the wider local community and on a social basis, who lived with similar problems to their own.

Improving care quality in response to complaints or concerns.
- Information about the provider's complaints procedures was given to people and could be provided in different formats if required; large print and audio for example.
- People and relatives told us they were able to raise any concerns or areas of dissatisfaction freely and without worry of reprisal. They told us the registered manager was highly visible and their door was always open making this an easy process.
- One person said, "I've only complained about something small. It was sorted straight away. Turned out to be a misunderstanding". One relative told us, "No big issues. If there is a problem I say something and it's sorted."
- A record of all complaints, concerns and areas of dissatisfaction had been kept. The providers time frame for acknowledging a complaint and responding to it was met.
- Records showed that each issue raised had been fully investigated and action had been taken to resolve this and make improvements to the service. One complaint had been about the lack of car parking. Interim action had included accommodating as much staff car parking as possible in another area; freeing up spaces for visitors. The issue had been discussed with relatives in a relative meeting and the provider was currently seeking quotes for having the car park enlarged. Areas of dissatisfaction about the laundry had been resolved after replacing previous staff and by increasing the laundry hours. Two permanent staff now managed the laundry seven days a week. The registered manager told us the laundry systems were working well. They said, "They [the laundry staff] have taken it [the laundry service] to the next level and genuinely care and want to get it right." Another complaint about a relative having too much gravy on their food had been resolved by providing this person with their own gravy boat. The ability for people to choose the amount of gravy they had on their food was now common practice.
- The records also showed, in some cases, the registered manager had gone to great lengths to communicate with, and reassure the person who had raised the issue, so that a trusting and effective relationship remained in place.
- Lessons learnt from complaints had included ensuring that people receiving day care and needing to

have their medicines administered to them, were entered onto the electronic medicines record for the day they attended. Just after commencing the electronic system, one person's medicines had not been administered as these had not been individually added to the new electronic record. This error has not been repeated.

End of life care and support.
• Staff recognised who was living with life limiting conditions, such as dementia, and planned people's care around each stage of their journey. They provided support to those who were close to people. The registered manager gave an example, of where the 'magic table' had helped a person and their family connect, at a time the person was nearing the end of their journey with dementia. Unable to verbally communicate with their relative and finding things to do on their visits difficult, it had been suggested that using the 'magic table' together may help. The table supported an activity which was enjoyed collectively and where valuable moments of connection had been achieved before this person passed away.
• Palliative care, leading up to end of life care, was planned in line with the 'Living Well with Dementia' initiative. We observed this in the activities being supported and the companionship provided to people.
• People's end of life wishes were discussed with them and information about these were incorporated into people's advanced care plan for future staff guidance.
• People had access to specialist health support, where needed at the end of their life, for example, community palliative care staff and GPs. Staff took advice from other professionals such as Pharmacists to help effectively manage end of life symptoms.
• Staff liked to remember the people who had died at Castleford House and a memorial garden had been started. Families had often purchased a plant and wished to have it planted in the garden, so an area of the home's garden had become a memorial garden. A relative's suggestion had also been acted on. They had suggested that staff and family members [who wish to] should have a planned time to get together and remember those who had passed away. This had been started and was called 'Castleford Remembers'.

Outstanding ☆

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

Outstanding:□Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.
•□The registered manager led the home in a distinctive and imaginative way. They communicated their visions and values clearly and, along with staffs' commitment to these, this ensured people remained at the heart of the service.
•□The registered manager and the deputy manager were extremely visible which meant all groups of people had access to them and could discuss anything with them at any time. They communicated with and motivated all equality groups to achieve the best they could.
•□They were fully involved in planning and delivering people's care. They were confident and able to challenge pre-conceived care objectives and goals, if it was realistic to do so, and meant a better quality of life for the person could be achieved. One example involved consideration being given to supporting one person to rehabilitate and work towards living back in the wider community.
•□They also challenged staff to stretch themselves and achieve more. For example, they supported staff who wished to take on additional responsibility or to develop their own leadership skills. Both managers led by example, and consequently, staff were confident and self-assured in their abilities. The registered manager said, "I set the bar high, but I have belief in my staff." The result was, people received highly effective and responsive care, which had not been possible in other care settings, care was closely monitored and it was tailored to people's individual needs and aspirations.
•□An open and inclusive culture existed. Managers were fully aware of the staff culture and they recognised that attitudes and behaviours could also alter. They explored these changes where needed and used changing dynamics within the team for learning purposes and reflection. One member of staff said, "Part of [registered manager's] expectation is that staff have respect for each other and that people are part of the home's community." The registered manager said, "It's all about the right culture, its family orientated. I want people to know this is a place of safety and for staff to enjoy coming to work." This open and collaborative way of working was fully evidenced through the comments from people and their relatives, who told us they felt safe and felt fully part of the Castleford House community.
•□Staff were encouraged to feel confident and able to discuss things which had not gone to plan, or mistakes, in an open and honest way. A member of staff said, "[Name of registered manager] trains us to question things." This meant people were protected against poor practice because there was a willingness to be honest and to learn. Clear and honest explanations had been given to people, or their representatives, where appropriate, when things had not gone to plan. People and their representatives had received apologies where appropriate. There was a strong emphasis on making sure people and representatives felt reassured by this approach.
•□Staff enjoyed working at the home and were proud of what they achieved. One member of staff said, "I

love it" and another member of staff said, "It's good to be proud of where you work." This was evidence of a healthy and positive staff culture which ultimately benefitted people's wellbeing.

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

- The registered manager went above and beyond to make sure people, relatives and staff were included and treated equally. They responded to everyone in a way which respected and met their diverse needs and situations. People, relatives and staff knew they could approach the registered manager at any time about anything.
- Relatives told us the registered manager was "Definitely approachable" and they said, "The manager's door is always open." There were examples, of relatives contacting the registered manager during the evenings and at weekends [when the registered manager was not at work] and being responded to. The registered manager said, "I make myself easy to access. I want to know what is going on." This supported trusting relationships which benefited the people receiving care and enabled issues to be quickly resolved.
- People knew exactly who the registered manager was and told us they [the registered manager] visited them frequently to see how they were and to gather their views. One person said, "He [registered manager] will ask you, how do you think we could improve?" People's voices were heard and their views and suggestions acted on. An example of this had been one person's comment regarding more opportunities to go out somewhere different; to have a break from the care home. This had resulted in the trip to the adventure park for the disabled.
- Staff told us the registered manager communicated clearly with them. They were involved in decisions made about how to improve the service. One member of staff said, "[Name of registered manager] is a good manager he will tell you if things are not going well and then include you in what can be done about it." The registered manager went to extraordinary lengths to also make themselves available to staff, at any time during the day or night, to respond to their queries or to provide them with support.
- Managers had recognised that staff sometimes, also needed more support in relation to their personal wellbeing to be able to effectively look after people well. To address this, they (the managers) had started a regular 'clinic' where staff could visit them and talk confidentially with them. Managers were able to offer support and signpost staff to other agencies or services for advice and support where needed. Staff who had used these opportunities spoke highly about both managers.
- Relatives felt fully involved and able to contribute ideas and suggestions to improving the service for people. Regular relative meetings were held and were well attended. One relative said, "I can have my say. The manager always has time for you. If you walk through the door (registered manager) knows who you are." Another relative confirmed there were meetings where things were discussed, and where ideas and suggestions were put forward. These had included the purchase of the 'magic table' and ideas for replicating parts of the fun park people had enjoyed so much on their outing, in the home's own garden. It also included relative ideas around the planned improved car parking; requested by a relative, the memorial garden and the time designated to remembering those who had passed on; also a relative's suggestion. Where they were able to and wanted to be, people were also involved in these discussions. One relative confirmed that satisfaction questionnaires had been sent out and said, "Things change as a result."
- Innovative ways were used to collect feedback from family members and to include their ideas and suggestions. For example, following the menu change which had involved people, the chef and registered manager hosted a three-course meal for family members. They were also invited to give feedback on the dining experience and quality of food. This had proved to be a highly successful social evening, bringing those who were important to people together. It also helped to confirm the menus and ideas the chef had for further improving the dining experience of those who lived in the home.

Continuous learning and improving care.

•□The registered manager was highly driven to make continuous improvements to the service. They used points of learning and reflected, with staff, on feedback received to achieve this. One senior member of staff said, "[Name of registered manager] puts in an awful lot of time and effort into this place. They like to know things are done properly." They described the registered manager as sometimes "Jumping through hoops" to further improve the service and to reassure representatives about their relative's wellbeing. Examples of this were seen in the detailed responses to complaints and concerns received. Great care had been given to help relatives understand why, for example, care had been given in a certain way, they had been supported to understand people's rights when in care and had received reassurance generally about the care journey moving forward.
•□The registered manager had identified on-going learning for them self and the team, in how some relatives' expectations were managed. Expectations, for example, which needed further discussion, and which were linked to relatives' own anxieties or a lack of understanding about what legally could and could not be done in care. An example of this was seen in the work completed with one person's family, which had enabled an on-going working relationship with the family to continue, but which also ensured the person received the support they needed in a way which protected their rights.
•□Further learning and reflection had also been done in relation to the General Data Protection Regulation (GDPR) when some relatives had requested to receive information about relatives' activities through a popular social media network. In considering this request the registered manager's priority had been to ensure people's rights had remained fully protected. It had been decided that this would not be done on a general basis but only done where the person the information was about could give informed consent for this to happen.
•□Feedback from people and their representatives was sought, collated and action taken in response to this. The actions being taken were reported back to people and their relatives in a 'You said, We did' format. Direct improvements from feedback had been made to the laundry, ensuring people received their own clothes back and in good condition which helped to maintain their dignity. And, the number of staff available to support people's activities at weekends had been increased so that people's wellbeing and choices could be better met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
•□The purpose behind the provider's policies and procedures were regularly discussed during staff meetings and supervision sessions to ensure all staff were clear about their roles and responsibilities.
•□Some staff had been given additional responsibilities, in certain areas of procedure and care to ensure best practice was adhered to. This added an additional layer to the provider's quality monitoring process and ensured people received appropriate and lawful care. These staff had been provided with additional training to meet their responsibilities confidently and effectively. One member of staff who held a lead role in supporting staff to maintain best practice in the Mental Capacity Act and safeguarding adults, took their additional responsibilities seriously. They said, "We have to be vigilant out on the floor." This meant they worked alongside staff to support best practice and were available to give additional advice to staff. Other lead roles were in areas such as moving and handling and wound care.
•□The provider had systems and processes in place to monitor the standard of care provided to people which included the lead roles. They had also recently strengthened their quality monitoring processes by introducing additional audits, which staff completed as part of a planned quality monitoring program. Audits were completed for example, on health and safety and infection control arrangements, medicines, care planning, staff recruitment and training and Deprivation of Liberty Safeguards (DoLS) processes. These all ensured people remained safe and received lawful and appropriate care which met their needs.
•□Processes were in place to ensure actions were subsequently taken to secure improvements to the service and to maintain compliance with regulations and current legislation.

• The provider's quarterly audit, completed by the Operation Director, had also been adjusted so it was in line with the Care Quality Commission's (CQC's) Key Lines of Enquiry (KLOEs), used during inspection. This ensured the monitoring processes remained focussed on positive outcomes for people.
• The registered manager had developed additional and detailed quality monitoring tools to help them personally, monitor and manage some key areas more effectively on a day to day basis. A good example of this was seen in the additional and detailed monitoring, devised by the registered manager, related to falls management. This had led to actions being taken and changes in practice, which had significantly reduced the number of falls experienced by people. Actions from the information gathered had included a review of the environment and other changes, for example, related to how spaces were used and improved and the storage of equipment. Changes in lighting as well as changes in the deployment of staff across the building at certain times of the day had all contributed to less falls. The on-going detailed monitoring had also significantly reduced the number of reoccurring falls people had experienced over a period of two years.
• The responsibility of ensuring compliance and high standards were shared between the provider, registered manager and the deputy manager. All were fully aware of the services risks and challenges and they worked well together to address these so that a viable service for people could be sustained.

Working in partnership with others.
• Managers worked with other groups, professionals and agencies to promote the wellbeing of those they looked after.
• The registered manager had made links with the charity called 'Alive'. This charity works to increase older people's wellbeing through activities; supporting people to make connections. In this case, supporting intergenerational work; younger and older generations spending time together. A weekly visit by local school children was now part of the home's routine and people looked forward to this. Both children and older people enjoyed taking part in activities together and communicating with each other. The benefits of this were seen in one person's increased motivation to be involved. This person had always declined any involvement in social activities and had mainly preferred to remain in their bedroom. The registered manager explained that having younger children in the home, on a regular basis, had encouraged this person to leave their bedroom and join in the activities with the children. Staff had observed the person's enjoyment and the ease with how they interacted with the children. People's wellbeing had been improved through this intergenerational work.
• The registered manager was also involved with a local Dementia Action Alliance (DAA) group. DAA bring together organisations and individuals across England committed to improving health and social care outcomes for people living with dementia, and those who care for them. The registered manager, along with another member of staff, already provided sessions for learning and support to the relatives of those they looked after. They told us that with better knowledge and skills, relatives were more able to be involved in supporting people and remain in meaningful relationships with people. They firmly believed that carers in the community also required more learning and support opportunities which they had been involved in providing. This work was often done in addition to their role in the care home. The registered manager was currently searching for an appropriate venue to be able to provide further support and education sessions through the local DAA.