

Golden Senior Care Ltd

Castlevue Residential Care Home

Inspection report

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Dudley
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Date of inspection visit: 11 December 2015
Date of publication: 27/01/2016

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 

Overall summary

This was an announced inspection which took place on 11 December 2015. Castlevue provides accommodation with personal care for 13 older people. At the time of this inspection 12 people were living at the home. At our last inspection in May 2014 the provider was compliant with the regulations we assessed.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received a high level of praise from people and their relatives in relation to this home. They were very

Summary of findings

complimentary about the quality of the care they received. We found the registered manager and staff were motivated and committed to providing a high standard of care to people.

People had no concerns about their safety. Risks to their safety had been identified and staff had training in how to recognise and report abuse.

Staff were recruited in a safe way and had relevant training and support to enhance their skills in providing people with quality care. There were enough trained and experienced staff to support people and meet their needs in a personalised manner.

People had their medicines when they needed them and the arrangements for the management of people's medicines was safe.

Care was focused on people's individual needs and we saw this was effective in managing risks to their health such as weight loss, falling or developing pressure sores.

Staff were aware of how to support people's rights, seek their consent and respect their choices. We saw staff worked within the principles of The Mental Capacity Act 2005 (MCA) to ensure that the human rights of people who may lack capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS)

requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We saw staff understood this legislation and had followed it to ensure the safety of some people was promoted.

People told us they enjoyed the meals and we saw that risks to their dietary intake were known and staff supported them to eat and drink enough. People's health was supported by access to appropriate health professionals.

We saw that staff were attentive and caring towards people. People described the staff as being friendly and kind. Relatives told us the staff were polite, patient and respectful towards people.

People told us that they were happy living at the home. They and their relatives knew how to raise any concerns if they needed to and were confident their concerns would be listened to and acted upon.

People described the management of the home as very friendly and approachable. Staff felt supported by the provider. We found quality monitoring systems were in place and that the provider had continued to make improvements so that the home was run in the best interests of the people who lived there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Arrangements were in place to prevent people being placed at risk of harm of abuse.

Risks to people's health and safety had been identified and managed.

There were sufficiently trained and experienced staff available to meet people's care needs.

The management of people's medicines was safe and they received their medicine as prescribed by their GP.

Good



Is the service effective?

The service was effective.

Staff were trained, motivated and positively supported to meet people's needs.

Staff knew how to support people's rights and respect their choices and decisions.

People enjoyed the meals and had the support they needed to maintain a balanced diet. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Good



Is the service caring?

The service was caring.

People and their families were consistently positive about the caring attitude of the staff.

Staff showed a strong person centred approach towards the people they supported demonstrating kindness and compassion.

People's dignity, privacy and independence were promoted.

People saw their relatives when they wanted; visiting times were open and people's relatives were made welcome.

Good



Is the service responsive?

The service was responsive.

People received the support they needed to participate in recreational pastimes that they enjoyed.

People's views were actively sought and complaints procedures were in place for people and relatives to voice their concerns.

Good



Is the service well-led?

The service was well led.

There was an open and inclusive culture and the management team had the support and confidence of people in the home, their relatives and staff.

The quality of the service was monitored and continuous improvements had been made to ensure that the service was run in the best interest of the people who lived there.

Good



Castleview Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 December 2015 and was carried out by one inspector.

Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters.

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. In addition we observed staff administering people's medicines and supporting people during their lunchtime meal.

We spoke with five people who used the service, three relatives, the registered care manager, the provider, three staff and one visiting health professional. We looked in detail at the care records for four people, and the medicine records for seven people, accident and incident records, two staff files, complaints and compliments records, staff rotas, training records and the quality monitoring systems.

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure in the home and in the company of staff. One person said, “This is the safest I have ever felt; the staff really helped me when I first came here because I wasn’t well or safe”.

Everyone we spoke with was equally positive in their comments about staff supporting people in a safe way.

Staff we spoke with understood their role in protecting people and were aware of the different types of abuse people might be at risk of. They knew how to report their concerns to the registered manager and/or external agencies such as the local authority or the Care Quality Commission. They had received training in safeguarding and whistle-blowing to support their understanding. One staff member told us, “If we have any concerns about people we report to the manager, and we have reported to the local authority if we think people are at risk of harm or abuse”. We saw the registered manager had systems in place to report any safeguarding concerns to the local authority and had followed these procedures to ensure people who used the service were protected. We saw staff had involved people and promoted their understanding about their personal safety. For example one person told us, “When I first came here I wasn’t well and I wasn’t safe, but honestly they [staff] talked to me and I’m very grateful they kept me safe”.

We saw risks to people’s safety had been assessed and the actions needed to reduce risks to their safety had been detailed in their care plans. We saw staff were aware of the risks to people and how to manage these safely. For example one staff member said, “Some people are at risk of falling. One person has sensor equipment to alert us to their movements so we can support them safely”. We saw that staff used the sensor alarm during the day and that it was used appropriately; for example not as a restriction on the person’s movement but as a means of supporting them with their mobility when they indicated the wish to mobilise.

We saw recommendations from health professionals were followed to keep people safe. For example we saw staff supported people at risk of developing pressure sores. A relative told us, “I can’t praise them enough, the staff are vigilant; mom has never had a pressure sore because the staff are in her bedroom every hour turning her”. A visiting health professional told us that staff were consistently

caring for people in the right way because their interventions had ensured there was no deterioration in people’s fragile skin. They told us staff reported any concerns to them quickly and sought and acted upon advice.

We saw that there was enough staff to provide people with care and support when they needed it. One person told us, “There’s always staff available both during the day and night; I never have to wait for help”. Relatives told us they had no concerns about the staffing levels and that there were enough staff to keep people safe and well. Our observations confirmed that staff were available to supervise and meet people’s needs, and to sit and talk with people, and carry out activities. One person told us, “Staff will take me shopping sometimes”. This showed that staff were able to respond to spontaneous requests by people. The registered manager told us people’s needs were assessed to determine staffing levels and increased when people needed additional support. We saw staff had been recruited safely. A staff member told us, “I had to produce references and a police check before I was able to start work”. We saw staff files contained reference checks and checks with the Disclosure and Barring Service (DBS) – which provides information about people’s criminal records. These checks had been undertaken before staff started work. The recruitment processes in place would help to minimise the risks of employing unsuitable staff.

People told us they had their medicines when they needed them. One person said, “I have daily medicines but if I need anything else for pain the staff will get it for me”. We found that people’s medicines were stored safely in a locked medicine trolley. We observed that when staff administered people’s medicines they explained to people what their medicine was and asked if they wanted it. We saw that Medicine Administration Records (MAR) had been completed and that written protocols were in place for medicines prescribed on a ‘when required’ basis. Staff told us that they had received training on how to administer medicines and competency assessments had also been completed to ensure medicine was safely administered. We checked the balances for some people’s medicines and these were accurate with the record of what medicines had been administered. We heard from the registered manager that they had a good relationship with their new pharmacist and we saw when people needed medicine at short notice arrangements were in place for these to be delivered. Arrangements were in place for the management

Is the service safe?

of controlled drugs [CD's] but none were in use at the time of our inspection. The arrangements in place ensured that people received medicines when they needed them and in a safe manner.

Is the service effective?

Our findings

People and their relatives were consistently positive about how they were looked after by staff. One person told us, “The staff are very capable I have every confidence in them, this is a lovely home”. A relative told us, “I think it is excellent; the first thing that struck me when I visited was that they told us, ‘we treat everyone like family’, we visited lots of places but this one stood out”.

Staff told us they had an induction when they started work which included getting to know people’s needs and shadowing established staff. There was documentary evidence that an induction process had taken place which included a competency framework. We found there was a proactive approach to staff members’ learning and development; the new Care Certificate had been implemented to enhance their induction processes further. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people’s care. A staff member told us, “I had a full induction shadowing other staff and I felt confident I knew people’s needs”.

All staff we spoke with felt that they had very positive support and training in order to understand and meet people’s needs. A staff member said, “It’s great; we get training in all the areas we need and the manager will check we do things correctly”. We saw the training programme supported staff in developing the skills to deliver effective care. For example training in dementia awareness to meet people’s diverse needs was evident. We also saw that staff had completed varying levels of recognised qualifications in health and social care. This showed that care was taken to ensure staff were trained to a level to meet people’s current and changing needs.

A person recently admitted to the home told us, “They have been great; they have helped me with my health; I’m eating better, looking after myself better, they know what they need to do to help me”. We saw staff used their skills and awareness in terms of meeting the needs of people. For example we saw they provided pressure relief to people to support their fragile skin. We saw staff supported people with their mobility using equipment correctly. Staff knew how to defuse some behaviour that could challenge; diverting the person by quietly talking with them. We observed that staff supported people with complex dementia in a proactive way. They understood the need to

actively engage with people to reduce their agitation. We saw staff utilised opportunities and encouraged wherever they could, for example we saw a person touching the laundry pile and the staff member encouraged them to fold the laundry whilst praising them. The person kept looking back at the staff and smiling.

Staff had regular supervisions in which to reflect on their care practices and enable them to care and support people effectively. One staff member said, “We have regular supervision; I discuss how I’m doing, my progress or training, they are very supportive”. Another staff member told us, “The provider is really committed to high standards and we have regular staff meetings and supervisions to discuss our practice; they are very supportive, best place I have ever worked”. A staff appraisal system was in place and showed the registered manager had planned ahead to ensure staff had the skills and support they needed to meet people’s needs.

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 interest 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. The application procedures for this in care homes and hospitals are 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 were being met.

We saw staff incorporated the principles of the MCA by seeking people’s consent. We observed and heard staff seeking people’s consent before they assisted them with their care needs. A person told us, “The staff always ask before they help me”. We saw staff explained to people what their choices were, for example about where they sat, what time they got up or went to bed and what they ate. We spoke with relatives who confirmed they had been consulted regarding decisions where their family member lacked capacity. We saw for example that where people could not consent to aspects of their care, the arrangements had been discussed with their family, the

Is the service effective?

doctor and the social worker so that decisions made on people's behalf were taken in their best interest. We saw where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person's care records so that staff knew what action to take or who to contact about decisions.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS). They had applied to the supervisory body where they considered restrictions on one person's liberty were necessary to keep them safe. We spoke with this person and their family who confirmed they had been consulted and were aware of the restrictions in place. We saw that staff were aware of the steps needed to keep the person safe and practiced in a manner that did not restrict the person unnecessarily. For example we saw the person could move around the home and gardens independently. A staff member told us, "We make sure we monitor them, remind them, just talk to them and this works well". We saw the registered manager had in their newsletter explained to families the possible impact of this legislation and had assured them any impact would be discussed with them. People's walking aids were always placed within their reach which meant their liberty was not restricted. Staff we spoke with confirmed they had training in this area and training records reflected this.

People were extremely complimentary about the meals. One person said, "I love the food, we choose what we want

and they will cook anything if you ask". We saw people had choices at lunch time and that drinks were regularly offered to people throughout the day. Staff had a good understanding of the importance of good nutrition and hydration as well as specific dietary needs. We saw people had been referred to the dietician and Speech And Language Therapist (SALT) for advice. There was a system in place to monitor people at risk of not eating or drinking enough and referrals to the doctor had been made to ensure people had prescribed supplements to enhance their nutrition. Weight checks were regularly undertaken to ensure any deterioration was identified. The cook had up to date information related to people's dietary needs as well as their likes and dislikes.

People's health needs had been assessed and planned for. One person told us, "If I am unwell they call the doctor". We spoke with the nurse practitioner from the local surgery who confirmed that staff understood when to call for medical assistance. We saw that a doctor visited the home on a two weekly basis in addition to call out calls, to review people's care this helped to identify any health issues and provide the necessary treatment people needed. People had input from a variety of health professionals such as the district nurse, doctor, dentist or optician as well as annual health checks. Staff were aware of people's medical conditions and how to support them. A relative said, "They have been fantastic; very proactive, they know what they are doing and get the right help in".

Is the service caring?

Our findings

Everybody we spoke with was very positive about the caring nature of the registered manager and her staff team. A relative told us, “The manager is great as well as the staff, they are so caring, nothing is too much trouble”. A person told us, “I wasn’t in a good way when I first came here; my mood was very low but the staff here are absolutely lovely, they did everything to help me they are lovely people all of them”.

People told us that the staff were kind and patient and spoke to them politely. There was a person-centred approach to communicating and engaging with individuals living with dementia. We saw during the day that staff actively spent time with people and did not focus solely on care tasks but engaged in meaningful and enjoyable spontaneous activity with people. For example we saw staff were always interacting with people; talking to them and laughing. We heard staff enquire about people’s well-being and check if they were comfortable. It was evident that staff understood the importance of including people in the day to day exchanges to ensure people felt they mattered. For example we saw people helped with laundry, tidying and wiping; tasks that they initiated and staff encouraged. We saw that as a result of this people became more animated and smiled. We heard staff compliment people on their abilities and people smiled in response. This showed staff understood people’s methods of communication and tried to individualise their approach to accommodate people’s dementia.

We saw lots of examples of staff demonstrating compassion towards people; taking the time to sit and comfort people, reassuring them when they were anxious. We saw a person smiled at staff whilst the staff member brushed her hair before lunch telling her she, ‘looked lovely’. We found that staff knew people well and understood how to respond to each person’s diverse needs in a caring and compassionate way.

We visited people who were cared for in their bedroom. A relative told us, “I am really happy with the standard of care, second to none; always clean clothes, clean bedding, nice and warm and the standard of personal care is very high”. Another relative told us, “I know they are very happy living here; there really is a lovely caring approach you wouldn’t get that in a lot of homes”.

A staff member told us, “We really do treat people like they were our own family and the manager encourages that”. We heard from staff that they regularly discussed the key principles of care such as kindness, respect, compassion and dignity. The registered manager had a system that allowed her to make sure that staff practiced the principles of good care; a competency framework was in place to support staff learning and understanding. We saw staff understood the values of the service and the way in which they were supported and trained ensured they put these principles into practice.

People were involved in the planning of their own care. One person told us, “We did discuss what I needed and what I wanted”. We saw staff had provided information to the person and their family in a way they understood. The person confirmed to us they were aware of decisions about their care. “It was explained to me and they were very patient with me, looking back I think I was quite a challenge but they were great to me; helped me to understand things”. We saw people had been supported to make decisions in relation to their funeral arrangements, losing capacity or whether they wished to be resuscitated. This demonstrated people had been given options and had made decisions about their care. We saw that regular reviews took place with people and their families to ensure their care remained relevant to them. We saw people and their relatives were able to express their views at meetings and they told us they would be listened to. Information about accessing advocacy services was available within the home. No one currently required the use of an advocate.

Staff respected people’s dignity and privacy and there was an individualised approach to meeting people’s personal care needs. We saw staff support people to attend to their personal care on an individual basis and when they wanted or needed this. One person said, “They are very good like that”. We saw staff promoted people’s dignity by ensuring their appearance was addressed and that they had the support they needed. Staff records confirmed training in these principles had been undertaken and this was monitored and reviewed at staff supervision to ensure it was upheld. Our observation of their practice showed that staff were highly motivated, caring and compassionate towards people.

Staff did promote people’s independence and we saw throughout the day they supported people to undertake a variety of tasks. We saw a person taking the biscuit tin

Is the service caring?

around, another person helping to make a cup of tea, and a person doing laundry. We heard from one person how excited they were at purchasing their own laptop, "I love it, I can do word searches, listen to music, all sorts". We saw that this person had lots of one to one time to support them in using their laptop. It was evident that staff had information about the person's interests and the support they had received from staff had enabled them to enjoy their independence.

People told us and we saw that there was no restriction on visiting times. A person said, "My family can come any time". A relatives told us that they visited frequently and that staff always welcomed them, they said, "I'm here regularly the staff always make me feel welcome, that's the sign of a good home you know".

Is the service responsive?

Our findings

People told us that they had the opportunity to visit the home prior to moving in and had been fully involved in identifying the support they needed. We heard from people that their care plan was centred on their needs, and that their wishes and preferences had been listened to. One person told us, “I like it here, it’s better than at home because they always try and help me to do the things I want to do”.

A relative told us, “I can honestly say the staff do everything they can; mom is loved and cared for and they have acted on all the health concerns she has had”. People and their relatives told us that they had been involved in meetings and reviews to make sure they had the support they needed. A relative told us, “They always keep me informed about what is happening and I’m very happy mom is well cared for”. The care plans that we looked at captured people’s needs and preferences as well as providing guidance to staff to support people with a variety of age related health conditions. Staff told us that they shared information at each shift change to ensure they kept each other up to date with any changes in people’s needs. Daily records were maintained and described the care and support people had been offered and received which enabled staff to monitor people’s health and welfare and make changes.

We observed that staff were attentive to the changing needs of people. For example we saw staff were aware of people’s health conditions such as risk of falling and had purchased sensor alarms to alert them to the person’s movement. We also saw staff were encouraged to think about how they could support people living with dementia to engage and benefit from daily activities. We saw people’s care plans contained information for staff to make sure that the person received care that was centred on them as an individual.

Care was focussed on people’s individual needs with the prime objective to provide people with care, comfort and companionship. We saw a high level of engagement with people to ascertain their preferences. For example people had been supported to attend religious services, local clubs and enjoy regular shopping trips. We saw people had coffee mornings out in the community. WI FI was available in the home which had enabled one person to use their laptop. A person told us, “Often staff will buy me pot noodles or a pasta pot; they know I like it”. Another person told us, “I’ve been shopping for clothes and items for my bedroom and I’m going Christmas shopping”. A staff member said, “We try to make sure people can do the things they want or enjoy so if they have their own interests we provide it”. We saw people were actively engaged in different games and exercise activities and one person told us, “Yes there is always something to do every day and I enjoy it”.

All of the people and their relatives had complimentary things to say about the staff and the care they received. One relative said, “This is a lovely home, people are treated as individuals and staff go out of their way to make them happy”. No one we spoke with had any complaints but confirmed they had been provided with information about the complaint procedures. There had been no complaints made about the home but the registered manager had a system for recording, investigating and responding to complaints. Feedback from people, families, and visiting professionals from the provider surveys described the home as consistently providing a high quality service. A relative told us, “Staff make sure people come first, I visit frequently and it is always a welcoming friendly place and people look well looked after”.

Is the service well-led?

Our findings

People had confidence in both the owner and registered manager and told us they were very happy with the way the home was run. One person who lived at the home told us, “The owner and manager are very good; they ask our opinions and look after us really well”. A relative said, “We chose this home because it has a great reputation. Both the manager and owner are dedicated people, reliable, and the care is centred on people”.

We saw both the registered manager and provider worked closely together to set high standards. They had developed a competency framework that they used with staff to underpin their knowledge. We observed that staff clearly understood and worked to these standards and we saw they had been supported and trained to understand and work to the values of the home. One staff member told us, “Our focus is that this is their home, they are treated like family. We have a lot of training and discussion about valuing people, listening to people and involving them in their care. We try to promote their quality of life”. A person told us, “My quality of life is better, I’m healthier and happier, lovely people caring for me it doesn’t feel like a care home really”.

We saw that standards and care practices were regularly observed to ensure staff worked to the required standard and this was monitored through regular supervision. We heard from staff they felt very supported by the registered manager and provider. We saw they were well motivated and heard from them that they appreciated the registered manager and provider’s efforts to provide good quality care to people. We saw that the registered manager and her team members were visible and always had time to chat with people. A relative told us, “There’s a positive and friendly approach by all the staff both towards the people who live here as well as us relatives”.

There was a leadership structure that staff understood. There was a registered manager in post who was supported by senior care staff. Everybody in the home knew the registered manager and provider by their first name and told us they could approach them with any problems they had. We saw the provider visited the home regularly to oversee how the service was being run. We saw

that they spoke with people and their relatives which demonstrated an open and inclusive approach. One relative said, “They are really nice people; interested in what we think and always trying to improve”.

We saw completed feedback forms with positive comments which showed that people and their relatives were happy with the service provided. Minutes of meetings that we looked at highlighted that people were asked about outings, activities and menus. We heard from the provider about their plans to use the key questions used by the Care Quality Commission (CQC) to promote people’s needs. For example, we saw they had developed a newsletter in which they had provided information to people and their families about the impact of The Mental Capacity Act 2005 (MCA) and deprivation Of Liberty [DOLS]. This ensured they had information about how the home was aiming to work within these principles. Within the newsletter people had been provided with information about the values of the home; their aims to provide ‘best home from home’ experiences for people. These initiatives reflect an inclusive and informative style of management.

Providers are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered manager had a system in place to ensure incidents were reported to the CQC which they are required to do by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken. Staff were aware of whistle blowing procedures and knew how to report any concerns about bad practice. One staff member told us, “None of us would hesitate if we thought a colleague was not doing their job correctly”.

We saw examples of links with local organisations that evidenced the provider was keeping up to date both with their own learning and with new initiatives. They had developed links with the community and other stakeholders via participating in a research group. We also saw they were part of the Care and Commissioning Dudley Group working with them to discuss developments and topics around Care. This showed the registered manager and provider were keen to develop an innovative and motivated workforce. Staff confirmed this was the case as they had been supported to understand what quality care is and how to apply this to their care roles. One staff member said, “Any new ideas or better ways are discussed

Is the service well-led?

with us so that we can enhance people's lives". We saw that they had recently achieved the Gold Standard Award from the local authority commissioners. This is a review of their systems and procedures to ensure they meet standards.

Staff told us they felt valued and appreciated and loved working at the home, one member of staff said, "We are a small team, the owner and manager are very friendly and supportive and work with us. They do their best for the people and that's how it should be". The provider was responsive to people's needs; they had created a better environment for people to live in by adding an entrance ramp to the side of the property. We also saw that the

majority of the home had been redecorated and furnished. A relative told us, "They've only been here a few years but you can see they have put the people first and improved the living conditions".

We saw the provider had a system for the continuous quality monitoring of the home. Audits were carried out on the safety and quality of the service. The provider and registered manager had put people at the centre of their plans by ensuring staff had the skills and expertise to meet the changing needs of people. For example they had introduced the new Care Certificate to enhance their induction processes. We saw the provider and registered manager had a vision for the future of the home which was to extend the home and plans were in place to achieve this.