

Castlemead Court Care Centre Limited

Castlemead Court Care Centre

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Castlemead Court Care Home is managed by Castlemead Court Care Centre Limited and provides residential and nursing care for up to 79 older people including people living with dementia. On the day of our inspection there were 71 people using the service.

This inspection took place 12 October 2016 and was unannounced.

The inspection was carried out by two inspectors.

Prior to this inspection we had received concerns in relation to delivery of care.

There was a registered manager in post.

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.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received an induction process and ongoing training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure was in place and accessible to all. Complaint had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good ●

Castlemead Court Care Centre

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 12 October 2016 and was unannounced.

The inspection was carried out by two inspectors.

Prior to the inspection we had received information of concern regarding delivery of care. We checked the information we held about this service and the service provider. We also contacted the Local Authority.

During our inspection we observed how staff interacted with people who used the service. We observed lunch in the dining rooms and people being assisted with their meals in their rooms. We also observed medicines administration.

We spoke with five people who used the service and two relatives, the registered manager, the care manager, three senior team leaders, two care assistants, one nurse, and an activity co coordinator.

We reviewed six people's care records, eight medication records, seven staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

All the people spoken with told us they felt safe. One person said, - "Yes I feel very safe here, they look after me well." A relative said, "One of our family is here daily with [Person's name]. We have never thought that anything was unsafe."

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would report to my senior or the manager." Another said, "I would not hesitate to report it." Staff told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. Staff were aware of the provider's policies and procedures regarding safeguarding and felt that they would be supported to follow them.

There was information displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff told us they were aware of the provider's whistleblowing policy and would feel confident in using it. There was a copy available in the entrance of the service.

Within people's care plans were risk assessments to promote and protect people's safety in a positive way. A staff member said, "If we notice any changes, we record them and make sure the risk assessments are changed to reflect this." They included; moving and handling and falls assessments. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were used on a daily basis to enhance the support provided.

We saw that the service had contingency planning in place in the case of various environmental incidents including flooding, and the failure of electricity, water, and kitchen equipment. This included all emergency contact details for services, staff and people who used the service.

Accidents and incidents were recorded and monitored. A monthly summary sheet had been collated to monitor each month's incidents. This showed any trends could be identified and action plans developed. The registered manager had reviewed each accident/incident and a weekly report was sent to the provider for review.

People told us there were enough staff on duty. One person said, "There are plenty of staff to help me, there is always someone around." Another said, "They have enough staff to make it all safe." A relative told us, "Staffing levels appear to be fine." "[Person's name] would tell us if there was a problem." On the day of our inspection there was enough staff to ensure people were able to get the support they required. We saw the rotas for the month and they reflected the number of staff on duty.

The registered manager told us that they had a recruitment policy which was followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. Staff told us, "I had to provide two references and get a DBS check before starting work." New staff also had to attend the provider's mandatory training before being allowed to go onto the rota. A new staff member said, "I had to do some e learning courses first. I am now working with a senior team leader to get to know the home layout and how things work."

Records we saw, and staff we spoke with confirmed these checks had taken place.

All people who used the service and their relatives spoken with felt happy with the way medications were dealt with. One person said, "Staff help with my medication, they do a good job." Staff told us they were only allowed to administer medicines if they had completed training and had their competency checked to do so. Training records we looked at confirmed this. We observed the lunch time medication administration round. Medicines were administered following the correct protocol. The medication file contained each person's photo, their individual medication protocol and their Medication Administration Record (MAR). MAR sheets we looked at had been completed correctly. We carried out a stock control check and all medicines were correct. There was also a thermometer in the medication room which staff checked and recorded daily to ensure medication was stored at the correct temperature. Medicines were stored correctly and audited weekly.

Is the service effective?

Our findings

People received effective care from staff who had knowledge and skills in working with them. We spoke with a person who told us, "Yes the staff know what they are doing." Another said, "The staff are very good, I can't complain." A relative said. "The staff appear to be very competent, they are well trained up.", Staff told us that they knew how to support people as individuals and recognise their specific needs

Staff told us there was a lot of training available. One said, "The training is good. We have some e-learning and some here." We spoke to a senior team leader who was the moving and handling trainer. She told us as she is on-site training can be given when required. They told us they went on regular updates to keep up to date. The service kept a training matrix to monitor the staff training and keep it up to date. We saw that all staff had completed both mandatory and optional training, and their expiry dates were monitored so that they could be booked on to refresher courses as needed. We saw a number of training dates advertised on the staff notice board which included; BP & vital signs, Dementia and Mental Capacity Act.

We saw records that showed staff received regular supervision. One staff member said, "I have supervisions with my manager about once a month." Another said, "The manager is very supportive, I get on with her well." All the staff we spoke with made similar comments saying the management were very supportive.

One person told us that staff always gained consent from them before providing them with any care and support. They said, "I have never had any staff that don't ask for my consent first, they are good with us here." A member of staff said, "We always check with people first if they are happy with what we are going to do. Even with people that may not be able to fully understand, we work out whether they are happy with everything going on." We observed Informal and verbal consent being obtained before carers undertook aspects of care. Staff appeared to know which residents required support to make decisions and were given time to take in the information and make a decision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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. Some people had authorisations to deprive them of their liberty. Staff knew who had and why they had been granted. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people's capacity to consent to care.

People told us they enjoyed the food provided for them. One person said, "The food is good, I don't always like what's on the menu, but I can ask for something else." Another said, "The food is great, I've just had lunch and it was very nice." A relative said, "The food I see is always of good quality. I can see that they offer choice to everyone. It always looks like it is freshly cooked." We spoke with the chef who was able to tell us who required specialist diets. He had attended additional training regarding special diets and how to cater for them; he had also completed a national recognised qualification at level two for nutrition. The registered manager and the chef told us that he entered a catering competition each year; he was planning for this year's taking place in the next few weeks.

It was clear from our observations at lunch time, that the meal was a social event. There was a choice of main course and pudding. People were chatting and there was pleasant music in the background. Staff assisted people with their meals, if required, in a discreet manner. Some people had their meals taken to them in their rooms. There were plentiful supplies of food and drink in the kitchen.

People told us that they regularly saw health professionals as required. One person said, "My family take me to appointments, but I can see the doctor here as well if I need to." A relative said, "We take [Person's name] to appointments, but the staff would be able to help if we needed it. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

Is the service caring?

Our findings

People were happy with the care that they received at the service. One person said, "The staff are very caring, we get on well" "Another person said, "I have a joke with the staff, it's all good fun." A relative said, "The staff are very kind and easy to get along with, they know the residents well and take the time to talk with them and develop good relationships."

We observed staff interacting with people in a friendly and caring manner. Staff were laughing and joking with people as they went about their duties. People appeared to like this and were responding in a positive way. Staff took time when communicating with people and did so in a respectful way. We saw that staff recognised people's individual likes and dislikes and supported people to achieve things, including walking around the unit and chatting. We saw that staff members regularly updated people's files to evidence their changing support needs, likes and dislikes.

People were involved in their own care planning, along with relatives or representatives if required. One person said, "I have all the information I need about my care." Another said, "I know what's going on, the staff keep me informed about everything." A relative said, "The care planning is good, we are involved and kept up to date." Staff told us that they tried to involve people with their care plans, and told us people were involved in their care plans. Another said, "The electronic system we use is great. It's easy to follow a care plan, easy to make changes and record things."

Residents meetings were held regularly. This provided a forum for people who used the service to talk about things they would like done within the house and things that they would like to do. One person said, "We have meetings where we can discuss things, I don't always get involved but I know they take place." We saw minutes of these meetings which showed suggestions had been acted on.

People felt their privacy and dignity was being respected. One person we spoke with said, "I definitely feel as though my privacy is respected. I do as much as I can for myself, and the staff respect that." Another said, "My privacy and dignity is respected by all the staff, I have no problems." A relative told us, "[Person's name] would definitely let us know if they weren't being respected, they would not stand for it. We have no problems at all with that." We saw that people were encouraged to personalise their own rooms and make them a comfortable space.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

People told us they could have visitors when they wanted. One the day of our inspection we saw visitors arriving throughout the day. They were greeted by staff and assisted to find their relative if required. Staff

told us that visitors were welcomed and people were encouraged to visit.

Is the service responsive?

Our findings

Staff told us they knew the people in their care but used their written care plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's current needs, expected future needs and that they would fit in to the home with the people already living there. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

People we spoke with confirmed they had been involved in any changes made to their care plans. One person said, "Staff know what I like and dislike, I don't have to keep telling them." A relative said, "I have to say that I think the service is very good at communicating and keeping us as a family involved. I have been quite impressed."

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. We observed one person had become upset and wanted to leave the room. Staff knew how to approach them and provided reassurance so that they could be settled. People were able to freely walk around the home and staff stopped and chatted to them.

One person told us, "There are a lot of activities going on. I like the music and singing and will join in with that, but I generally don't bother with the rest." A family member confirmed that their dad took part in things, but more often than not kept himself to himself. The registered manager told us they employed an activity coordinator for each floor as people's needs were different on each floor. We spoke with one of them. They told us they had access to a lot of resources to enable a variety of activities to be offered. They told us there was a draughts match going on at the time. A full schedule of activities was displayed in each floor with photo prompts. These included; crafting, bingo, sing a long and for Halloween, pumpkin carving and mask making.

We saw that the service had a complaints policy and procedure. A relative said, "I have not had to complain at all but I imagine that the manager would deal with any issues I had promptly."

We saw that all the complaints had been responded to in writing promptly by the registered manager, who outlined a plan of action to deal with the specific complaint. We saw that each complaint had been resolved to the satisfaction of the individual making it, and no further action was required. There was information on how to make a complaint displayed within the home for people to see.

Is the service well-led?

Our findings

There was a registered manager in post. People told us they knew who the manager was. People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed her interacting with people who used the service, relatives and staff; there was a good rapport between them all.

During our inspection, we saw a relative of a person approach the registered manager and discuss their upcoming holiday. They were concerned as their relative had recently been unwell and were unsure about whether to keep their holiday plans. The registered manager offered to send the relative regular updates on the person's progress via email, which they could receive whilst on holiday. We saw that this put the relative's mind at ease, who thanked the registered manager for their efforts and positive communication.

One person who used the service told us, "It's a good atmosphere here; the staff are a good team. I see the manager; she always pops her head in." A relative said, "The manager is very approachable, I feel very comfortable to approach anyone here."

Staff told us that they received support from the manager. One staff member told us, "She is very good and supportive." We were also told that they could speak to the care manager or seniors if they needed to. They said there was an open culture in the home.

A staff member told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The service had a variety of quality monitoring processes in place. We saw documentation for some including, daily, weekly, monthly and quarterly checks on a variety of subjects including fire equipment and escape routes, medication and equipment checks. Action plans had been developed where required and had been signed off as complete. The provider quality team carried out compliance visits. These were based on the outcomes which are inspected by the Care Quality Commission (CQC). We saw the last report which had an action plan for some minor findings, all of which had been completed.

The registered manager told us that every day they had a brief meeting at 11am which they called 'daily dashboard.' This was where the head of each department met to give a brief overview of their department for the last 24 hours and plans for the day. This ensured all teams were aware of any changes and what was happening on that particular day.

Staff told us they had regular team meetings. One staff member said, "We have staff meetings. We discuss

lots of things." We saw records of these meetings. Suggestions had been put forward and acted on.

The registered manager told us that an annual survey is given out to people and their relative's. The results were available for the 2016 survey. The comments were positive, where there had been suggestions made, we saw some had been actioned. In the entrance to the service was a large board with the results displayed, this showed, 'What we asked,' 'What you said,' and 'What we did.' Giving actions to suggestions. This showed that people were listened to and suggestions acted on. Relatives meetings were also held. These were advertised on the notice board and minutes were available. There was also a notice advertising a 'managers surgery', this was held every Wednesday in an evening to enable anyone to see the registered manager if they had anything they wished to discuss.