Care South

Castle Dene

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

The inspection took place on 29 and 30 November 2016. The first day was unannounced.

Castledene is a care home for up to 50 older people. It accommodates people who need care due to their age, impairment and frailty, which can include dementia. It also has a number of beds for people discharged from the nearby hospital under an interim discharge scheme, where people spend a few weeks recuperating before they are finally ready to go home. Nursing care is not provided. When we inspected there were 38 people living there.

The service had a long-established registered manager. 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 and their relatives were happy with their care. They spoke highly of the staff, who treated them with kindness and respect.

The home had a busy, active atmosphere. There were activities going on and people walked freely around the building, particularly between the communal areas on the ground floor. Dedicated activities coordinators organised a range of activities for people to take part in.

People had the care they needed. Care plans were devised to address people's individual needs and were regularly reviewed. Staff understood how people's care was to be provided. Care was provided with people's consent, or, where they were unable to give this, in line with best interests decisions that met the requirements of the Mental Capacity Act 2005. Where necessary, applications had been made under the Deprivation of Liberty Safeguards. Where deprivations of liberty had been authorised with conditions, these were met.

People's nutrition and hydration needs were met. Food was attractively presented and special dietary requirements were catered for. Where there were concerns about unplanned weight loss or swallowing difficulties, the appropriate action was taken to address these, including pursuing referrals to the relevant health professionals.

People were supported with their health needs and had access to the relevant health professionals, such as GPs and district nurses. Medicines were managed safely and people had their medicines as prescribed.

People were protected against avoidable harm and the risk of abuse. The premises and equipment were clean and well maintained. Risks associated with the building were assessed and the necessary action taken to manage these. For example, unrestricted access to stairs had been assessed as posing a risk to people who might be unsteady on their feet so key-coded doors had been installed. People's individual risks, such

as risks of malnutrition, pressure sores and falling, were assessed and managed through their care plans. Accidents and incidents were monitored for any further action that was necessary to keep people safe, and for any trends that might suggest further changes were necessary. Staff were aware of their responsibilities in relation to safeguarding people against abuse.

Staff were employed only after the necessary checks, including criminal records checks, had been undertaken to confirm they were suitable to work in a care setting. Recruiting sufficient staff was a challenge for the service, as it was for other services locally, and gaps in the staff rota were filled by agency staff. The management team checked that individual agency workers had the required employment screening checks and competencies before they worked at the service. Agency workers who did not work regularly at the service were less well acquainted with people. We observed some poor interactions between agency staff and residents during moving and handling transfers. The registered manager took prompt and effective action to address this when we brought it to her attention.

Staffing levels were calculated using the provider's dependency tool and were sufficient for people's care needs to be met. Staff were supported through training and supervision to be able to perform their roles effectively.

The service had a robust quality assurance and improvement system. People's feedback was sought about their care through annual quality assurance surveys. The registered manager also had regular informal contact with people and their visitors. There was a complaints process but no complaints had been logged to date in 2016. People and their visitors told us they would feel able to raise concerns with the manager. Staff were supported through training and supervision to be able to work safely and effectively. They were able to give their views through supervision and staff meeting, as well as through informal contact with the registered manager.

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.

People were protected from avoidable harm and potential abuse.

There were sufficient competent, safely recruited staff on duty to provide the care people needed.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were supported through training and supervision to carry out their roles effectively and safely.

People's consent was sought to their care and treatment. The requirements of the Mental Capacity Act 2005 were met.

People were supported to manage their health. They were protected from the risk of poor nutrition and dehydration.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People were cared for by staff who knew them and understood their preferences.

People were given the information and explanations they needed.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their individual needs.

There was a range of activities for people to participate in if they wished.

There was a range of ways for people to raise any issues or concerns they had regarding their care.

Is the service well-led?

Good

The service was well led.

People, visitors and staff were confident in the way the service was managed.

Quality assurance arrangements were robust. Action was taken when areas for improvement were identified.

Castle Dene

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 29 and 30 November 2016 and the first day was unannounced. It was undertaken by two inspectors on the first day and an inspector and an expert by experience on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses care services, in this case services for older people.

Before our inspection we reviewed the information we held about the service. This included the Provider Information Return (PIR). A PIR is a form in which the provider gives some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications from the service about significant events, such as deaths and serious injuries.

During the inspection, we spoke with seven people who used the service, seven visitors and three visiting health and social care professionals. We also talked with four care staff, three ancillary staff and the registered manager. Because the nature of some people's cognitive impairments made it difficult for them to describe their experience 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 made observations around the building and reviewed records. The records reviewed included four people's care records, medicines administration records, four staff files, training records and other records relating to how the service was managed.

Good

Is the service safe?

Our findings

People and their visitors felt that they and their friends and relatives were safe living at the home. Their comments included: "I feel that [person] is well looked after and is in a safe place", and "She's in a safe place… We don't have to worry about her at all".

People were protected against the risk of abuse. Staff had the knowledge and confidence to identify safeguarding concerns and knew how to act on these to keep people safe. There was an active safeguarding alert. The registered manager and provider had been proactive in addressing this concern, in co-operation with the local authority safeguarding team.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks in the least restrictive way possible. Risk assessments covered areas such as malnutrition, the development of pressure sores, moving and handling, mobility, falls and risks associated with people's medical conditions. Measures needed to reduce risk were reflected in people's care plans.

People were protected against hazards such as slips, trips and falls and other environmental hazards. Risk assessments were kept under review for hazards in the premises and there were plans in place to manage these. The provider had reviewed whether people were able to access the stairs safely following an incident in another of their homes. At Castle Dene coded doors and gates had been installed to prevent people accessing the stairs unsupervised.

The premises were clean and tidy and maintenance was routinely undertaken. Someone who lived at the service said, "My room is basic but kept nice and clean", and someone else told us their room was comfy. A further person who was happy with their room explained how people had been provided with new beds: "All new beds you can put up or down – we've all got them now". Current safety certification was in place. This included: gas, electrical wiring and appliances, freedom of the water supply from Legionella bacteria, firefighting and detection equipment, the lift and hoists.

When people had accidents, incidents or near misses, staff recorded these. The registered manager or her deputy checked that accident forms had been completed correctly and that action had been taken to prevent further injury or harm. Each month the registered manager collated, analysed and reported accidents to the provider, so any developing trends could be identified.

Safe recruitment practices were followed before new staff started working with people. Checks were made to ensure staff were of good character and suitable for their role. Staff files included application forms, records of interview and appropriate references. Records showed that criminal records checks had been made with the Disclosure and Barring Service to make sure people were not barred from working in a care setting.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People told us staff were available to assist them when needed. For example, a visitor told us "Somebody's

always available and they'll always go and find the appropriate person". A person living at the service and a visitor commented that staffing levels sometimes seemed short, but confirmed they were happy with their care. We saw that call bells and alarms were answered swiftly and that staff assisted people in a calm manner, without rushing them. Staffing levels were based on the provider's dependency calculations. During the day, there was a care team leader and six care staff in the morning, and a care team leader and five or six care staff in the afternoon.

The registered manager and provider had identified staffing as a challenge facing the service. They were seeking to recruit staff to fill vacancies. In the meantime, agency staff were used to cover the shortfall; on the first day of our inspection, the majority of staff were agency staff. The service checked that agency staff had the appropriate DBS clearance and competence in key topics such as moving and handling, before the staff worked there. This meant staffing levels were sufficient, although agency staff who did not regularly work at the service would not know people as well as regular staff. The registered manager and nominated individual explained how the provider had recently introduced a preferred agency scheme to ensure that where agency staff were used they were familiar with the home. A visitor told us, "Sometimes the agency staff are not all perfect".

Before lunch on the first day we observed one member of agency staff positioning a sling in order to assist someone to transfer into their wheelchair using a hoist. They did not communicate effectively with the person, who was becoming increasingly distressed, and offered no explanation of what they were doing. They then asked for assistance from another member of agency staff to hoist the person. The sling was not appropriately placed and the person swung quite violently. After the person was in the wheelchair one of the agency staff asked if they were okay. They responded, "Yes, when you don't throw me about!". We raised our concerns with the registered manager, who took immediate and thorough action to investigate and assess their competence in moving and handling. The registered explained that they would expect agency staff to work with a member of regular staff when assisting someone using the hoist.

We observed the same person being hoisted later in the day with a permanent and an agency member of staff. They worked safely and effectively and the person showed no signs of distress. We also saw staff hoisting other people in a safe and caring manner; these people looked comfortable while this was happening.

Peoples' medicines were managed and administered safely. Medicines were stored securely and recording systems ensured all medicines in stock could be accounted for. A computerised recording system was in place. Stocks of medicines were checked monthly against the medicines records. Regular tablets and liquids were provided in boxes labelled by the pharmacy and bar-coded for use with the electronic system, with clear instructions to aid staff in administering medicines correctly at the right time. A photograph of each resident was clearly displayed on the device with the required information such as allergies. There was a facility to print off each person's medicines administration records (MAR) for use when supplying information to outside agencies, such as when people were admitted to hospital.

Good

Is the service effective?

Our findings

People and their visitors spoke positively about their life at Castle Dene and told us staff were skilled to meet their needs. Comments included: "I like it here very much", "I do like it here", "The carers are really good", "It's a very good home; staff are very good to me" and "It's very good here – all the staff are good".

People's needs were met by staff who had access to the training they needed to perform their roles effectively. Staff confirmed they had the training they needed when they started working at the home, and were supported to refresh their training. Staff who were new to care were supported to obtain the Care Certificate, which is a nationally recognised qualification. Following this, staff were encouraged to obtain a diploma in health and social care. They had regular refresher training in key topics such as moving and handling, safeguarding, health and safety, infection control, food hygiene, and fire safety. Staff had also had training in topics relevant to their work, such as the Mental Capacity Act 2005, dementia awareness, swallowing difficulties and textured modified diets.

Staff were also supported through supervision meetings with their line manager, to discuss their work and any concerns they had about it. They also had an annual appraisal. Staff confirmed they had regular supervision that enabled them to discuss their work and any training or professional development 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 interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Where people were able to give consent to their care and treatment, this had been obtained. Where there were concerns that a person might not be able to give consent to particular aspects of their care, for example due to their cognitive impairment, staff had assessed their mental capacity to give this consent. Where someone lacked capacity to make a specific decision, a best interests decision was made to ensure that care was the least restrictive possible and in the person's best interests.

The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body. The management team knew about the condition on a person's DoLS authorisation and took steps to address this.

People were supported to have a meal of their choice by organised and attentive staff. We observed people enjoying their food, which looked appetising, and people told us the food tasted good. Comments included: "I enjoyed my lunch. I am not keen on tomatoes though", and "[Person] found his lunch very tasty". Someone told us there was always something on the menu they would like. Snacks and drinks were provided during the morning and afternoon.

People's dietary needs and preferences were documented and known by the chef and staff. Where people required pureed food, food-shaped moulds were provided for the chef to present this in a way that looked more appetising.

People's weight was monitored and action taken in relation to unplanned changes, including seeking a dietician referral if necessary. Similarly, if people had difficulty swallowing the service pursued referrals to a speech and language therapist to devise a safe swallow plan.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had access to health and social care professionals. Someone told us how staff would get the doctor for them if they felt poorly. People's care records showed they had contact with relevant health and social care professionals, such as GPs and district nurses. Two visiting professionals told us the service followed their guidance and was proactive in obtaining equipment to reduce the risk of pressure sores developing. They commented that staff varied in how effectively they communicated with them.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the caring attitude of the staff, and told us visitors were welcomed. Comments included: "Visitors are welcome at this home and encouraged", "Visitors are encouraged – I could visit any time", "I don't think I've come across anyone who wasn't helpful", "Everyone's been very kind and polite".

Staff treated people kindly and with compassion, and people's dignity was respected. We observed many instances of this throughout the inspection. For example, staff took time to chat with people in a natural and friendly way while they were providing assistance, such as when they were walking with them. People received personal care in private. When people needed assistance with personal care, staff offered this discreetly.

People were given the information and explanations they needed, at the time they needed them. We saw staff talking with people about what was happening or had just happened, such as when they were taking someone to be weighed or when it was time for lunch. For example, a member of staff chatted with someone they had just weighed about what the person's weight was in kilograms and in stones, and how this had improved over the months. When lifting people using the hoist, which can cause people to feel unsettled, staff mostly told people what they were doing and provided reassurance throughout, and people looked calm and comfortable.

Regular staff knew people well and sought to find out and respect their preferences regarding their care. For example, people could spend their time in communal areas or in their room, as they wished. During lunch, a person who lived at the service commented loudly and affectionately on how a member of staff who was organising drinks knew how people liked their tea. Care records contained information about people's history and preferences to help staff understand them as people. Staff were able to explain people's histories to us and how they were best able to communicate with and support them.

Good

Is the service responsive?

Our findings

People and visitors told us they and their loved ones were pleased with the care they and their loved ones received. Comments included: "[Person] is well cared for at this home", "She's well looked after".

People had their needs assessed before they moved to the home or were discharged back from hospital. This helped the registered manager to be sure the person's needs could be met there. Information had been sought from the person, their relatives and other professionals involved in their care. Information from this assessment had informed the plan of care.

Care plans reflected people's individual needs and choices. They were documented on the provider's assessment and care planning documentation, reviewed regularly and were kept up to date. The examples seen were thorough and covered areas such as medicines, mobility, pressure sore risk, falls risk, and care at night. Staff were able to explain the care people needed.

Summaries of people's care needs were kept in their care records in the event they moved to another service or went into hospital. A person whose records we reviewed had recently had a procedure in hospital and the home had provided this information to the hospital staff.

People received the care and support they needed. A visitor told us their family member was well cared for and was always groomed and appropriately dressed. This accorded with our general observations on both days of the inspection. Where people had air mattresses to reduce the risk of developing pressure sores, these were set correctly according to the person's weight. A visiting health and social care professional confirmed that in their experience people's needs were met.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. The information was current and useful, for example telling staff about people who required a different diet now, and also informing staff of one person who had fallen out of bed and now required bedrails.

There was a range of social activities people could be involved in, such as games, crafts and gardening and trips out. Someone told us, "We have bingo and exercise. People come in and play music". An activity calendar displayed in the main corridor gave details of forthcoming events including live music and an outing. There were dedicated activities coordinators who organised this. We observed one of the activities coordinators run a reminiscence session in one of the lounges, where people tried to identify household products from when they were younger. There were around 13 people in the room, who became very involved in this activity. In addition to group activities, activities coordinators provided one-to-one activities for people who for whatever reason might have difficulty being in a group. We observed this happen in a way that people became fully involved with. We also saw people independently occupied with things they found meaningful, such as household tasks they could undertake safely.

Throughout the inspection we saw people who were able to walk doing so. For example, people often

walked along the main corridor on the ground floor. There was a hand rail in a contrasting colour to the wall so people could see it easily. A visiting health and social care professional remarked on the layout of the building suiting people's needs including encouraging them to remain mobile: "It's bright, it's cheerful, there is space".

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Complaints were logged and were reported to provider each quarter. There had been no complaints during 2016. A person and their relative told us how they had previously raised a concern, which had been addressed and they were happy with the outcome. People and their visitors told us they would feel able to raise any concerns. Information about how to make a complaint was displayed at the entrance.

Good

Is the service well-led?

Our findings

We received positive feedback about how the service was run. Comments from relatives and visitors included: "The manager and her staff are very helpful", "I do know the manager [name]. She is very good and helpful", "[Manager] is really good… we'll always have a few words".

The registered manager sought to foster a positive, open, person-centred culture. Staff expressed confidence in the management. Comments included: "The management are very supportive of me. I like working for Care South", "It's a lovely atmosphere… everyone helps everyone" and "[registered manager] is a marvellous manager". The registered manager recognised there had sometimes been friction between newer and established staff and had addressed this directly with staff. A staff member described the family atmosphere, explaining, "You do blend in in time" and drawing a favourable comparison with where they had worked previously. People, relatives and staff regularly saw the registered manager and had confidence any concerns would be received openly and dealt with appropriately.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Two experienced care staff told us they thought care had improved over the years. People's experience of care was monitored through quality assurance surveys, the results of which were analysed and addressed as necessary. There was a programme of checks and audits undertaken and overseen by the service itself. This included observations of staff with feedback and reflection afterwards. Other audits included care file audits, health and safety audits and catering inspections. The provider's quality assurance team had last undertaken a quality and compliance audit in March 2016. This had considered all aspects of the service, including the premises, staffing and delivery of care. Where shortfalls had been identified, action had been taken to address these. An action plan set out the identified areas for improvement; this was kept under review. Staff had been informed through staff meetings of what needed to change.

Staff had several formal opportunities during the year, through individual supervision and at staff meetings, to discuss the service and how it could be improved. Minutes of staff meetings reflected that the registered manager had challenged shortcomings that had been observed, and had set out her expectations. Staff had contributed to the discussion.

People and those important to them had opportunities to feed back their views about the home and quality of the service they received. This happened through informal conversation with the registered manager and through meetings for residents and relatives.

The registered manager had notified CQC about significant events. We use this information to monitor the service and ensure they respond appropriately to keep people safe.