Royal Bay Care Homes Ltd

Castle Farm Care Home

Inspection report

Castle Farm Road
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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

This inspection took place on 4 July 2016. It was carried out by one inspector.

Castle Farm Care Home provides residential care for up to 20 older people. There were 15 people living in the home at the time of our visit, some of whom were living with dementia.

There was a registered manager who had worked in the home for 16 years. 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.

There were sufficient trained and competent staff to meet people's needs. The registered manager was able to demonstrate that additional staff could be booked to support people if their needs changed or extra support was required. Staff were unhurried and demonstrated a caring approach to people living in the home. The atmosphere in the home was relaxed and people living there interacted with each other and staff in an informal manner.

There were a variety of activities organised within the home. People were asked for their suggestions and ideas which were built into the activity programme which was on display. During our inspection there was craft work and a singer. We saw there were regular trips out and access to community activities was supported, including local theatres and garden centres. There were activities aimed at stimulating people's memories such as memory boxes which were changed fortnightly.

People were offered choices at mealtimes such as where they would like to sit and what to eat. People told us the food was good and that it was served hot. Peoples preferred routines were identified in their care plan and staff were able to confirm with us that they were familiar with what people liked One member of staff told us they always checked with people as they were aware people could change their mind.

Information about the staff and the service and other useful information including community resources and support networks was clearly on display and available for people, visitors and staff. The registered manager told us their intention was to be transparent, they were visible within the home and people, staff and visitors told us the home was well managed. There were systems in place for monitoring the quality of the service. This meant the care and support people received was regularly audited and areas for improvements identified and actioned.

The home was accredited at beacon status with the Gold Standard Framework (GSF) which is a nationally recognised model to ensure people receive excellent end of life care. One relative who had been recently bereaved spoke highly of the care their loved one had received.

People were treated with dignity and respect and their privacy was maintained. There was a dignity

champion who was a member of staff who had received additional training and had responsibility for updating staff to ensure that people were supported with dignity.

There were adaptations in the environment to ensure that people living with dementia or who had short term memory problems were supported to remain orientated such as signage. Activities such as memory boxes were provided to stimulate people's memories.

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. There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

People's risks were assessed and care was delivered to minimise the risks to people.

People were at reduced risk from harm and abuse. Staff were aware of how to identify and respond to actual or potential abuse.

Is the service effective?

Good

The service was effective. People were cared for by appropriately trained staff.

People had choices at mealtimes such as what to eat and where to sit.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to healthcare from a range of healthcare professionals.

Is the service caring?

Good

The service was caring. People were cared for by staff who treated them kindly. There was a relaxed atmosphere in the home.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

The home was accredited with Gold Service Framework at beacon status for end of life care.

Is the service responsive?

Good

The service was responsive. People received personalised care and engaged in activities that interested them.

Activities were varied and organised based on people's interests and their needs. There were regular trips organised outside of the home.

People told us they knew how to raise concerns. There was a complaints policy. There had not been any complaints.

Is the service well-led?

Good

The service was well led. The registered manager was visible and approachable. There was an open culture and information about the home was easily available.

There were systems in place to monitor the quality of the service and to ensure improvements were ongoing.

Castle Farm 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 4 July 2016; it was carried out by one inspector and was unannounced.

Before the inspection we did not request a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection. At the inspection we asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with four people and two relatives. We also spoke with seven staff which included the registered manager, an administrator, four care workers and a member of the cleaning staff. We looked at four care records, a sample of the Medicine Administration Records (MAR) and two staff files. We also contacted a representative from the local authority quality improvement team.

We looked around the service and observed care practices throughout the inspection We saw four weeks of the staffing rota, the staff training records, and other information about the management of the service. This included accident and incident information, emergency evacuation plans and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

There were sufficient staff to meet people's needs. The registered manager told us they had a core team of staff who had worked in the home for a number of years who knew people well. There had been staff vacancies and four new staff had been recruited. Agency staff had been used to cover any gaps in the roster. Relatives confirmed there were enough staff and one told us "Staff never rush they take their time, they know my (relation's) ways." The registered manager told us they monitored staffing and were able to adjust the number of staff on duty if needed. For example they had increased staff numbers when two people had become unwell and needed extra care and support. Staff were recruited safely; there had been relevant pre-employment checks which included references and checks to ensure people were safe to work with vulnerable adults. Checks had been made to confirm agency staff were recruited safely and had the appropriate skills.

People received their medicines safely. Staff were trained and had a competency assessment to ensure they were safe to administer medicines. Medicines were stored appropriately and at the correct temperatures. There were systems in place to check that medicines had been given to the right person at the right time. Staff administering medicines wore a red tabard to alert people and discourage interruptions. There was guidance for the administration of 'as required' medicine. For example one person was on pain relief and we saw it had been given to alleviate tooth pain.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. Staff were aware of whistleblowing procedures. People told us they felt safe living in the home and had confidence in staff to protect them. One person told us "They look out for me, make sure I'm alright." There was guidance for people in the reception area on safeguarding procedures which included telephone numbers for the local authority safeguarding team.

People had a full assessment of their needs which included specific risk assessments, such as pressure areas, eating and drinking and mobility. When a risk was identified there was a care plan which provided guidance to staff how to support the person in such a way as to reduce the risk. For example one person was identified as at risk of skin damage, their care plan included which equipment to use and instructions on the application of cream. Staff were able to describe to us how they supported the person safely and told us about the equipment they used to protect the person from skin damage.

People had personal evacuation plans which meant that there was guidance to support people to be evacuated from the building in an emergency. There was a coding system which indicated the level of support needed to vacate the building. This was clearly observed on people's room doors. This meant in an emergency situation there were plans in place to evacuate people from the building safely.

Accidents and incidents were reported in accordance with the service policy. There was an accident and incident analysis log which was monitored by the registered manager, who told us they would be able to

identify if there were any trends. They used a frequent falls register to highlight when a person had frequent falls within a set period of time with guidance on what actions to take. We saw a sample of the frequent falls registers and saw people's falls had been recorded, however the incidence of falls did not require further actions. This demonstrated that the incidence of falls was being monitored and there was a pathway which provided guidance dependant on the pattern and incidents of people's falls.

There was a maintenance person who attended the home regularly. They were able to deal with general maintenance issues as they arose. They also ensured the safety and upkeep of the building. There was a schedule which indicated when contractors conducted relevant checks or if these were carried out by the home. There was a monthly log of all maintenance checks such as the ground check, pond fence and window restrictors. This meant the home was safely maintained.

Good

Is the service effective?

Our findings

People had sufficient food and drink .Food was freshly prepared on the premises and people told us it was good. One person told us "It's nice and hot." People were offered a choice of where they would like to sit, some chose to sit in the dining room and others remained in the lounge area or in their rooms. People were asked in the morning what they would like for lunch, there was a choice of two meals or they could request an alternative. One person told us they didn't have much of an appetite and sometimes asked for a lighter snack instead of a full meal. Staff told us people could have what they liked in the evenings. People had access to fruit and drinks throughout the day. The registered manager told us they welcomed people's relatives to have a meal with them. .People had nutritional assessments so that any concerns were identified and if needed a special diet was provided. We saw people's weight was monitored and one person was identified at risk of not having sufficient food and drink. The registered manager told us they discussed the person with a dietician who confirmed the home were taking all the correct actions; we saw a record of this in the persons care plan.

People received care and support from staff who had the appropriate skills and training. People told us staff were good at their work and they had confidence in them. The registered manager told us they actively encouraged training and described the staff training matrix as tremendous, they considered it was effective in ensuring staff completed the training. Training which the provider had identified as essential such as health and safety, first aid, safeguarding and infection control had either been completed or the matrix had flagged training was due and staff were booked to complete it. New staff completed an induction period which one member of staff told us was comprehensive. Staff who were new to care work were supported to complete the Care Certificate which is the new minimum standards that should be covered as part of induction training of new care workers. Staff were required to achieve competencies in all aspects of their work. For example advocacy, moving a person in and out of a car, cleaning and preparation of a commode and risk taking. Staff were also provided with care cards which were pocket sized cards which gave bullet point reminders on subjects such as infection control, GSF, after care checklist and the social care commitment. One member of staff told us "The cards are a good idea."

Staff received regular supervision and appraisals in line with the supervision and appraisal policy. We saw sessions were recorded and staff told us they felt supported during their supervision. As well as one to one supervision staff were observed supporting a person with an aspect of care in order to be assessed as competent in that area. The registered manager told us they also received regular supervision which helped them keep up to date with good practice.

The registered manager told us they had participated in a dementia care project in partnership with a representative of the local clinical commissioning group. This led to developments in the home such as signage designed to be easier for people living with dementia to understand as well as red coloured toilet seats which drew attention to the toilet and made it easier for people living with dementia to recognise. This showed that the home was providing care based on good practice 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 by 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)

Staff understood the principles of the MCA and how it applied to their work. Staff were able to explain to us about consent and we saw several examples of staff asking people first before proceeding to assist them. Mental capacity assessments had been completed appropriately. Some people did not have capacity to consent to being in the home and to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority. One person had been assessed by the local authority and had a DoLs in place.

People had access to a range of healthcare professionals based on their health and social care needs. The registered manager told us they had good relationships with local GP's and the district nursing team. We saw healthcare professionals had provided positive feedback as part of a quality questionnaire. For example one healthcare professional commented "Great communication, friendly and caring environment. A high level of care shown and given." A relative told us staff were attentive to their relations health and kept them informed if there were any changes. During our inspection staff were concerned about two people and had sought medical opinion.

Good

Is the service caring?

Our findings

People were consistently positive about staff. One person told us "Staff are amazing, so kind." Another person told us "Staff are very very nice, you only have to ask and it's put in front of you." Relatives agreed staff were caring and one told us "Staff couldn't be kinder, they are always welcoming." People told us they felt involved in decisions about their care which was reflected in their care plans.

There was a key worker system. The aim of the keyworker was to build effective closer relationships with people and to motivate and encourage people's independence. One member of staff told us they enjoyed being a key worker as they got to know people well, they also told us they got to know relatives well. They were responsible for ensuring people had personal items that they needed and also that they were happy with the care and support they received.

People had a whiteboard in their rooms with a photograph of their key worker as well as care instructions; this meant staff had specific details about the persons care needs on hand. They were protected from view to maintain confidentiality and dignity. Relatives were able to write messages on the whiteboards which staff told us were an effective way of communicating and ensuring information was shared.

The registered manager told us they had recently had the hair salon refurbished. There was a full length mirror as well as mirrors at the correct height so that people could see in the mirror from a seated position. One person told us it was important for them to keep up appearances and going to the hair salon was part of their usual routine.

People were supported to be independent for example there was a post box in the reception area and people posted their own letters which were collected in the usual way. The date and day was clearly displayed which meant people were supported to remain orientated. We heard staff giving gentle reminders and verbal prompts to people. One person told us they liked to know what the day and date was and looked at the board to check, they told us staff were good at reminding them.

Staff told us they enjoyed their work and one member of staff told us "I love my job, I love the residents." Another member of staff told us "We are all conscientious - the whole team, we get to know all the residents really well and they know us." Staff spoke with people when entering rooms and there was informal chatting which demonstrated a relaxed atmosphere in which people were comfortable talking with staff.

Staff were respectful of people's privacy and dignity. There was a dignity champion in the home. Their role was to attend training and update other staff to ensure that staff was supporting people with dignity. Rooms had signage to indicate if people were involved in personal care and staff told us they knew not to enter. One member of staff told us "It's their home; I ask if I can come in - if they say no I come back later."

Staff were proud of their end of life care; one relative told us staff had gone the extra mile when supporting their relation during their final days. They told us staff were sensitive and caring to their relation and to them and their family. The home was awarded accreditation with the Gold Standards Framework in Care Homes

and achieved a beacon status. This is a nationally recognised award which recognises the high quality of care provided for people at the end of their life. There was an assortment of information easily accessible around the home with regard to the GSF and end of life care. There was a memorial book in reception and a candle was alight for one person who had recently died.

Good

Is the service responsive?

Our findings

People had access to a wide range of social and leisure activities. One person told us "There's always something going on." During our inspection people were involved in craft work and in the afternoon there was a singer providing entertainment, which people told us they were enjoying. Planned activities were on display on a noticeboard. The registered manager told us they made regular use of the minibus and there were displays of photographs of people on day trips or engaged in activities. One member of staff told us people were offered a choice regarding activities and some people preferred one to one time "Just having a chat." We saw evidence of activities such as games, quizzes and craft materials. Memory boxes were exchanged twice a month and provided people with objects which helped jog their memories and provided stimulation. The registered manager told us they utilised volunteers to support people on day trips and within the home. During our inspection there was a young person on work experience. Staff told us they aimed to offer people variety and we saw this was evident for example there were sessions booked to provide people with motivation therapy, which is a form of specialist recreation and motivation classes for older people and a visiting caring canine.

People had access to the garden, which had covered areas as well as quiet areas for seating and raised beds. The registered manager told us people were supported to help with planting pots. One person told us they enjoyed to go outside and have some fresh air. There were leaflets in the reception area for people to access such as counselling, Age UK, Living with Dementia and Memory Loss in Dorset. There was also a library service and books were exchanged on a rolling schedule.

The registered manager told us they aimed to make the home interesting and liked any excuse to organise an event and provide people with stimulation. For example they had organised an Elder Abuse Day which we saw photographs of and people told us they found the activities interesting. One person told us "You don't always realise what goes on." This meant people were engaged in stimulating activities and gave them opportunity to reflect on real life issues.

People received personalised care and support based on their individual's preferences, likes and dislikes. Care plans contained detailed information about peoples' preferred daily routines, such as their preferences around a bedtime routine. Staff told us they got to know people by talking with them and reading their care plans, although staff told us they always checked with people as one member of staff commented "We all like to change our minds."

People were involved in a monthly review of their care plan, which they had signed to confirm they were in agreement with it. One relative told they were kept up to date with any changes and asked regularly for their opinion. When people's needs changed we saw care plans were updated to reflect this. For example one person required a different kind of mattress.

There were monthly meetings for people they were an opportunity for people to make suggestions and for information sharing. We saw that when people did not attend the meetings staff went to people individually to ask if they were happy and if they had any suggestions. People had asked for more pamper sessions and

more craft work which we saw had been offered.

People and relatives told us they knew how to make a complaint and people were provided with a copy of the complaints procedure, which was also on display in the reception area. The registered manager told us they had not received any complaints.

Good

Is the service well-led?

Our findings

The service was well led. The registered manager told us they had worked in the home for 16 years; they had started as a night sister and was then promoted to the registered manager position. They told us they were easily accessible, their office was in the entrance foyer and they told us they had an open door policy which meant people, staff and visitors were able to approach them freely. This was confirmed by staff and people. There was a clear management structure which included the registered manager who was supported by a head of care and two team leaders, there was a vacancy for a third team leader. There was also an administrator who also worked as a support worker. They were able to support the care staff as required. This meant there were senior staff on duty to coordinate the shifts and ensure people's needs were met. The clinical development lead provided the registered manager with line management and supervision; they visited the home at least once a month. There were senior manager's meetings and we saw issues were discussed such as staffing. The registered manager had talked about staff morale and had put measures in place to support staff to ensure morale was maintained. For example they organised a staff appreciation day. The registered manager told us they recognised the hard work that staff put in to ensure that people received the care and support they needed and told us they always thanked staff for their contribution. Staff told us they felt valued and appreciated by the registered manager and one member of staff told us "It's very well managed."

The registered manager told us they aimed to be transparent and demonstrated this by ensuring all policies and procedures and information pertaining to the home was available in reception to be accessed by people and their families. There were numerous information boards around the home displaying different information. This included a board with staff names and photographs and a separate board identifying uniforms. There was also information about staff qualifications and training This meant people and visitors could easily identify staff and their job role. Other examples of notice boards included one with information about the CQC and the Gold Standards Framework.

The home had signed up to the Social Care Commitment (SCC) which is the adult social care sector's promise to provide people who need care and support with high quality services. It involved agreeing to the seven statements and selecting tasks to help put those statements into practice. There was information available within the home to explain what the SCC was and prompts to remind staff of the standards that they put into practice.

There were a number of 'Champions' in the home which ensured that staff took responsibility for their designated subject. This provided staff with a sense of ownership and also ensured that all staff took responsibility for maintaining standards within the home. Champion roles included mattress supervisor, infection control, and dignity and dementia champions. One member of staff told us that they could go to a champion for more information and were able to ask questions. One other member of staff considered the champion roles had a positive impact on the care people received.

The registered manager told us it was important to recognise and maximise community connections and these were displayed in the home. For example tea dances, a national supermarket donated flowers to the

home each week and trips to community events such as the theatre. There was a support network board with photographs and descriptions of healthcare professionals who were involved in supporting people living in the home.

The registered manager described themselves as being creative and was proud of a regular newsletter they produced which gave updates on activities and events within the home as well as reminding staff about the SCC standards of care.

There was a system for quality monitoring within the home. For example dignity, nutrition, bed rails and walking aid audits. We saw actions had been completed such as one piece of walking equipment needed to have its brakes adjusted which was carried out. Following a nutrition audit one person had requested a change to the time they had lunch on a particular day. Staff confirmed this was implemented.