

Annual Inspection Report 2022-2023

Castle View

Adult Care Home

11 & 12 January 2023



DHSC

We carried out this announced inspection on 10 & 11 January 2023. The inspection was led by an inspector from the Registration and Inspection team, who was supported by an inspector colleague on the first day of inspection. The pharmacy advisor also supported the inspection.

Service and service type

Castle View is an adult care home. The home provides residential and nursing care for up to a maximum of sixty six residents. At the time of our inspection there were fifty five residents using the service.

The home provides accommodation across two floors. All bedrooms are en suite. There are also communal lounges, together with a variety of seating areas within the home. A dining room is available for residents on each floor, where residents are free to take their meals. Bedrooms are furnished with residents' possessions, and we saw rooms furnished to individual taste.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

We found a number of areas where improvements needed to be made. These related to recording the administration of medication, use of oxygen and medication self administration assessments, along with adherence to the home's medication policy. There were also areas relating to care plans and risk assessments, reviews, and evidencing professional involvement in care plans. Capacity and best interests meetings were also highlighted as an area for improvement.

- Residents told us that the home was "a good place to be;" "it is a splendid place."
- Families particularly remarked on the excellent communication with the home staff. We were told that reception staff went "above and beyond" to keep them informed, whilst nursing staff "offer input and options for consideration."
- We saw staff caring for residents and taking time with them. Staff told us that they tried to be "sensitive to their needs." Families told us that staff were "extremely kind, patient and expert." "Kindness from all staff is evident and always has been." We saw staff who were gentle with residents, and carefully explained what they were doing. We were impressed by the way that housekeeping staff spoke about particular tasks they did that helped to make a resident's life more comfortable.

At this inspection we found that improvements had been made since the last inspection.

About the service

The service is registered as an adult care home able to accommodate up to sixty six service users. It provides care and support to people who require both residential and nursing care.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 3 January 2023. We visited the service on 11 & 12 January 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

A selection of records were seen on inspection. These included people’s care records, staff recruitment checks and health and safety checks. A variety of documents relating to the management of the service were also viewed. We spent time discussing the service with the manager. We also spoke with five residents and three staff. We spent time during the inspection observing interactions between staff and residents. The pharmacy advisor also carried out an audit of medication management within the home.

After the inspection

We had feedback from eight families following the inspection. We also received feedback from fourteen staff.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires improvements in this area.

This service was found to be safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The service had a variety of measures in place. The home had a safeguarding policy, together with safeguarding training which was up to date. We saw evidence of supervisions which had discussed safeguarding, and we also saw evidence of actions carried out following incidents.

Notification of events forms had been submitted as appropriate. Staff DBS (Disclosure and Barring Checks) had been carried out for all new staff.

We were present for a daily “flash meeting” where we heard various items discussed between staff and management, and specifically issues arising for learning from a current safeguarding alert. We learnt that practice has changed in response to issues raised.

Assessing risk, safety monitoring and management

A variety of health and safety checks including electrical safety, equipment safety, legionella testing and fire safety measures were all in place. Evidence of extensive audits were also seen on inspection. PEEPS (Personal Emergency Evacuation Plans) were in place.

Staffing and recruitment

We spent time in the home observing staff and residents. A number of staff had recently been recruited, and we looked at recruitment records relating to new staff since the last inspection. We also saw evidence of registered nurses holding valid PIN (Personal Registration Number) in order to practice.

Using medication safely

As part of the inspection, a visit to the home was undertaken by a pharmacy advisor. Some areas were identified as requiring improvement, namely, the recording of administration of medication and the safe and effective use of oxygen. These areas have been identified in the areas of improvement.

A medication policy was in place. We saw evidence of an incident whereby the home’s medication policy had not been followed. This has also been identified as an area for improvement. We did not see any evidence of medication self administration assessments, again highlighted in the areas for improvement.

Preventing and controlling infection

The home was clean and tidy on inspection and free from odours. We spent time talking with housekeeping staff who told us about the routines which they followed to ensure the cleanliness of the home. Comprehensive audits were in place, including housekeeping and laundry audits, infection control audit, hand hygiene audit and a general “Homepride” overall cleanliness audit. Curtain cleaning schedules were in place.

We saw evidence of first aid boxes regular checks in place. Evidence of fridge, freezer and hot holding temperatures were all recorded. Infection control training had been carried out.

Learning lessons when things go wrong

We saw evidence that concerns were recorded and escalated as appropriate. We saw evidence of investigations undertaken, and learning incorporated into supervisions and action plans. We also saw changes in practice which had been agreed with all individuals concerned. External safety alerts were in place and documented.

Action we require the provider to take

Key areas for improvement

- Action is required to ensure clear and accurate recording of medication administration.
- Clear processes for oxygen therapy to be in place.
- Staff should be familiar with the medication policy and how it is to be applied.
- Medication self administration assessments need to be in place to evidence residents' ability to handle medication.

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service require improvements in this area.

This service was found to be effective in accordance with the inspection framework.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

Pre admission assessments were seen in place. They had been completed for all residents and were comprehensive. We saw how needs identified in the initial assessment, for example mobility issues, were carried through to care plans. We were told about residents making use of technology to keep in touch with family

Staff support; induction, training, skills and experience

Staff supervisions and appraisals were seen on inspection. We saw evidence of regular staff meetings and management observations of staff caring for residents. Staff told us that staff meetings were “more regular” since the new manager had been in place; they found the meetings “helpful as people get to say their experiences with the care they give.”

Supporting people to eat and drink enough to maintain a balanced diet

Dietary requirements were identified in initial assessments. Nutrition care plans included those requirements and list of food preferences. Information was also in place about where residents liked to eat their meals. Any resident at risk of dehydration was carefully monitored. We spent time talking with the chef, and we saw records relating to residents’ likes, dislikes and also allergies.

Staff working with other agencies to provide consistent, efficient, timely care; supporting people to live healthier lives, access healthcare and support

Care plans identified health needs. However, there was no care plan, risk assessment or information on how to meet dietary needs for a resident with a chronic condition. This has been identified in the areas for improvement. We saw evidence in residents’ records that other professionals were involved in meeting care needs as appropriate.

People’s needs met by the adaptation, design and decoration of the premises

During the inspection various residents’ rooms were seen. These were individually furnished and had sufficient space to accommodate hoists etc. Corridors were wide enough to accommodate wheelchairs. Signage was clear in the home. A programme of activities was in place in the home, with well-being co-ordinators employed in the home.

Ensuring consent to care and treatment always sought in line with law and guidance

Residents who were deemed to lack capacity did not all have the appropriate capacity assessments or best interests meetings in place. In addition, not all risk assessments and care plans had been signed by significant others in residents’ lives. These areas have been highlighted as areas of improvement.

Action we require the provider to take

Key areas for improvement

- Action is required to ensure all care plans and risk assessments are in place for all health conditions as appropriate.
- Capacity meetings and best interests meetings must be in place as required.
- Risk assessments and care plans must be appropriately signed by all relevant parties.

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does require improvements in this area.

This service was found to be caring in line with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity

Staff treated residents with kindness and respect during the inspection. A resident told us "staff here are more than kind; they make an effort to stop and talk." A family member of a resident with dementia told us that "staff are always patient and caring." "Staff were gentle, taking time to explain, guiding and supporting them to an activity. One family member remarked, "I have been deeply moved by all that I have seen." Residents were spoken to warmly by staff; they stayed with residents and encouraged residents to join in. Family also told us that their relative was "the happiest I have ever seen ()." Another remarked; () delights in seeing the staff members, which speaks volumes about how () is treated."

Supporting people to express their views and be involved in making decisions about their care

We did not see enough evidence to confirm that all residents had a review of their care every six months. This has been highlighted as an area of improvement. Families told us that they were consulted even though they lived at a distance. There was some evidence that various professionals had been involved in reviews of the care of residents; again this was inconsistent. We saw minutes of residents' meetings, and we saw discussions regarding residents being involved in recruitment decisions. We heard about a new ambassador role for residents which is in the process of being developed.

Respecting and promoting people's privacy, dignity and independence

We saw in the home that various signage was in place on doors stating if a resident required privacy, or was happy to be disturbed. We saw care plans which were as non-restrictive as possible, ensuring health and safety. We were told by family that a "good balance" was struck in encouraging a relative to be independent, and a resident confirmed that "they allow me to be independent." Staff also gave us examples of how they encouraged people to be independent as appropriate. Family told us that staff recognised "health issues which require nursing support whilst maintaining () dignity and privacy." Staff told us that they felt it was important to "value their feelings and preferences." "Receiving care makes an individual very vulnerable and we need to respect how someone may feel."

Action we require the provider to take

Key areas for improvement

- Reviews of care must be carried out every six months and recorded.
- Professional involvement in reviews must be fully documented.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive in accordance with the inspection framework.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

We looked at care plans and risk assessments during the inspection. Residents with dementia also had a biography informing staff of their needs, likes and dislikes, as well as their history and social background. All residents had a “purpose/occupation/activity” care plan which informed staff how to support their social, cultural and religious well-being. Leisure interests, activities and family contact were all included. We were told that staff were “responsive to () changing needs and extremely supportive.”

Meeting people’s communication needs

Each resident had a communication care plan. Staff told us about the ways in which they tried to communicate with residents including “eye contact and body language, gesture, touch.” A staff member told us that “I try to be the person they want to see everyday.” We were also told about a resident who used video technology on a regular basis to keep in touch with their family.

Improving care quality in response to complaints or concerns

A complaints procedure was in place in the home. Families told us that they had talked with staff about their concerns and they were resolved. One family member told us that “they took the complaint very seriously and investigated immediately.”

End of life care and support

Residents had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) on file. We also saw Advance Care Plans which were included in the pre admission assessments. All residents had an end of life care plan in place. We saw evidence of a resident’s wishes being discussed and specific instructions documented.

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service requires improvement in this area.

This service was found to be well-led in accordance with the inspection framework.

Promoting a positive culture that is person centred, inclusive and empowering which achieves good outcomes for people

We saw feedback in the home which said that the team “had gone to lots of effort; “pastoral team have been great.” The home were praised for being “supportive of our family’s needs.” Staff told us that they felt “supported” by management; they were “proud” to work in the home. We were also told that “the home manager knows his job very well and very encouraging to everyone to do their job well.”

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

A registered manager was in place. Appropriate insurance cover was in place. We saw evidence that management discussed safeguarding concerns with staff. Notification of Events forms had been submitted as required. Information was securely stored. We saw evidence of processes in place and actions taken with regard to staff conduct.

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

We heard about local visits to the home by the local church. We were also told of staff involvement. Families told us that management had been responsive and had listened to concerns they had raised. We saw responses in the survey “You said, We did” addressing concerns raised.

How does the service continuously learn, improve, innovate and ensure sustainability

We saw evidence of several audits in place. A system was in place of nursing staff auditing care plans and actions being evidenced to the manager. We saw analysis of incidents being used as learning for staff to improve practice. No annual report was in place which has been made an area for improvement.

Working in partnership with others

The home had working relationships with various professionals, with regular involvement in the home. We saw evidence of various medical professionals, together with other agencies involved in the wellbeing of residents.

Action we require the provider to take

Key areas for improvement

- An annual report is to be completed.