

Inspection Report

2023-2024

Castle View Nursing Home

Adult Care Home

21 June 2023

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act.

We carried out this unannounced inspection on 21 June 2023. This regulatory inspection was a targeted inspection carried out in response to information received and was intended to address concerns about specific risks to people's safety.

Targeted inspection reports have a much narrower focus than a full and comprehensive inspection.

The inspection was led by members of the Registration and Inspection team.

Service and service type

Castle View Nursing Home is registered as an adult care home able to accommodate up to sixty six residents. The care home provides nursing and dementia care.

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 carried out a targeted inspection on the 21st June 2023. The inspection was unannounced.

There are systems in place to support good practice and high quality care at Castle View Nursing Home. Evaluation is required by the provider to better understand the underlying issues which have contributed to the short falls identified in this report.

We will request an action plan from the provider to understand what they will do to improve the standards of care, quality and safety. We will also work alongside the provider and continue to monitor information we receive about this service which will help to inform when we next inspect.

About the service

Castle View Nursing Home is registered as an adult care home able to accommodate up to sixty six residents. At the time of our inspection there were sixty four residents.

The home provides accommodation over two floors incorporating a thirty bed dementia care unit. All bedrooms are en-suite. There are communal lounges and dining rooms on each floor and landscaped gardens surrounding the building.

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 targeted inspection was unannounced and undertaken on the 21st June 2023.

What we did before the inspection

We reviewed information recently received and read the statement of purpose.

During the inspection

This was a targeted inspection. We triangulated evidence from a specific case file using assessment, care plan, risk assessment documentation and daily records. We also reviewed a sample of monthly audits in relation to falls and undertook a tour of the dementia care unit.

After the inspection

After the inspection we discussed our findings with the acting registered manager, incoming registered manager and deputy manager who made a commitment to making improvements.

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 not always safe in accordance with the inspection framework.

We were told there were good levels of staffing within the care home and this correlated with our observations.

In the small sample of records we viewed initial assessments of need had been undertaken. Assessment, care plan and risk assessments contained a good deal of information however they did not always correspond or reflect accurately the condition of the resident from daily notes. In one instance we could not find evidence of an associated care plan and risk assessment for prescribed oxygen treatment. We also found care plans and risk assessments were not always followed in practice and were not assured people were kept safe from avoidable harm.

We were shown internal systems and recording of falls incidents. Notifications had not been submitted to registration and inspections in most cases. We were not assured best practice or internal procedures were being followed after a fall had taken place. In further discussion with the care home management it seemed the lack of notification in response to falls was due to a misinterpretation of the Regulation of Care Act 2013. This was immediately acknowledged and we were assured notifications would be submitted from this point.

The new registered manager of the care home is working to implement improvements and actions following a recent safeguarding enquiry, and is committed to ongoing training, development and sharing lessons learnt to further improve practice.

During our inspection we walked around the dementia care unit. We were not assured all risks were appropriately assessed or managed within the dementia care unit. The dementia unit provides care and support in a secure environment to people living with dementia, many of whom remain independently mobile. We found items which present a potential hazard to resident's safety such as shampoo, razors, bars of soap and shaving foam left easily accessible in resident's bathrooms. We also found a couple of larger pieces of furniture such as wardrobes which were not fixed to the wall to prevent them from falling over.

We found a large amount of equipment and furniture items stored in a communal bathroom within the dementia unit rendering the bathroom unusable. The items included a fabric covered chair which may be a cross contamination risk.

Action we require the provider to take

Key areas for improvement:

- To ensure care plans and risk assessments are up to date, meaningful, accurate and are followed in practice.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service
- To ensure the dementia care unit promotes safety of its residents by assessing and managing environmental hazards appropriately to minimise the risk of harm.
This improvement is required in line with Regulation 20 of the Care Services Regulations 2013 – Fitness of premises for service recipients
- To ensure adequate and safe storage areas are provided and used appropriately.
This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety
- To ensure all notifications as required are submitted to the registration and inspections team in relation to falls.
This improvement is required in line with Regulation 10 of the Care Services Regulations 2013 – Notifications

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 requires improvements in this area.

This service was found not always effective in accordance with the inspection framework.

Comprehensive systems and processes were in use to support best outcomes for residents. Inspectors were not confident this always translated into consistent care for residents - particularly if new issues arose or there were complex needs. This meant that identified measures in place to manage risks were not always followed, which may compromise the quality of nursing care provided and outcomes for residents.

We could not be assured people were receiving timely and coordinated care and support from our observations of records or the information we have received. This was despite the numerous care planning and risk assessment documentation contained within the file.

We observed fixed grab rails in contrasting colour attached to walls and memory boxes outside bedrooms. Generally however there was a lack of dementia friendly signage, stimulation and orientation aids throughout the environment. We found the dementia care unit was functional rather than creating a homely feel. We were informed by the management team the dementia care unit will be refurbished in the near future.

Action we require the provider to take

Key areas for improvement

- Ensure people’s risks are sufficiently managed and monitored in line with best practice approaches and guidance.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 - Conduct of Care Service](#)
- Improve the decoration and design of the dementia care unit to better meet the needs and wellbeing of the people who live there according to best practice design principles (The Kings Fund, University of Sterling, and University of Bradford).
[This improvement is required in line with Regulation 20 of the Care Services Regulations 2013 - Fitness of premises for service recipients](#)
- Ensure the physical environment of the dementia care unit has been risk assessed and identified risks managed.
[This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety](#)

Inspection Findings

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 not require improvements in this area.

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

We witnessed warm and welcoming interactions between staff and visitors. We observed caring attitudes towards residents who were nursed in bed, in the dining room or moving around the corridors.

We observed people being assisted appropriately and sensitively with their nutrition and hydration needs.

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 require improvements in this area.

This service was found not always responsive in accordance with the inspection framework.

We were told of the provider’s participation in the local wellbeing partnership. The wellbeing partnership provides access to statutory and non-statutory health and social care providers.

We saw recorded involvement from other health professionals in care records.

There are comprehensive systems and processes in place to guide staff and to assess, monitor and review individuals’ care and support needs. Digital care plans and care activities can be accessed by staff through portable devices in addition to electronic files on computers located at nurse’s stations. In the records we viewed there were some shortfalls in how care was being delivered in response to people’s needs and assessed risks. We also found gaps in the updating of selected care plans, daily records and risk assessments. Therefore we could not be assured care and support was being provided in a manner which is consistently person centred and responsive to people’s needs and management of risk.

Action we require the provider to take

Key areas for improvement

- To make sure people receive personalised care that is responsive to their needs.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- To ensure all staff understand their responsibilities in using, reviewing and updating care plans and risk assessments.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)

Inspection Findings

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 does require improvements in this area.

This service was found to not always be well-led in accordance with the inspection framework.

There is a new manager in place who has been supported through transition in to their new post by a peripatetic manager from the care group. This is good practice in supporting an effective handover and induction period.

We found the management team to be open and transparent during this inspection process. They were candid and have recognised and acknowledged the necessary improvement actions required.

There are organisational systems and investigation processes in place to deal with breaches and incidents.

There are regular audit systems in place to monitor service delivery, health, safety and welfare of people who use the service.

We were not assured however that existing approaches were consistently assessing, monitoring or identifying gaps in practice, recording and staff performance. We were also not certain that quality assurance processes meaningfully translated in to service improvements.

We were not confident from our findings that managers and leaders were adequately aware of the day to day practices on the ground.

We found the use of white out liquid to make minor corrections on audit paperwork. We would recommend this is not good practice.

Action we require the provider to take

Key areas for improvement

- To ensure quality assurance data is triangulated with daily records to ensure it accurately reflects what is happening on the ground and people's needs.
[This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – Review of quality of care](#)
- To ensure staff understand their roles, responsibilities and levels of personal accountability.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)

- To demonstrate in future inspections there has been learning from recent incidents and improvements have been made.
[This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – Review of quality of care](#)
- We recommend refraining from using white out liquid in audit records.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.