

# Inspection Report

## 2023-2024

## Castle View

Adult Care Home

15<sup>th</sup> and 18<sup>th</sup> December  
2023

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



Isle of Man  
Government  
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**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 looked at the overall quality of the service.

We carried out this unannounced inspection on 15<sup>th</sup> and 18<sup>th</sup> December 2023. The inspection was led by an inspector from the Registration and Inspection Team who was also supported by additional colleagues for part of the inspection, including a Pharmacy Advisor.

### **Service and service type**

Castle View is an adult care home offering nursing care and dementia care for up to sixty six residents. At the time of our inspection there were sixty two residents living at the care home.

Castle View is operated by Caring Homes Group which is an independent care home provider with a network of care homes located in England and Scotland, in addition to the Isle of Man.

The care home is purpose built and provides support and accommodation across two floors. Part of the ground floor is dedicated to a dementia unit accommodating up to twenty people in a secure space.

All bedrooms are ensuite. There is a variety of communal spaces of different sizes across the care home which include lounges, dining rooms, resting spots in the corridors and a new sensory space in the dementia unit.

Externally there is a car park to the front of the building and landscaped gardens surrounding the building.

### **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**

- There was a focus on safety improvements and evidence of learning from incidents which have occurred.
- Assessment and care planning documentation used are underpinned by person centred and human rights principles.
- Recruitment checks and systems were robust.

- We found the staff to be very caring.
- There was evidence of referrals and involvement from external professionals as needed.
- We saw improvements had been made in relation to the environment of the dementia unit.
- People told us the home was well managed.
- The people we spoke to living at the care home told us they felt safe.
- The care home initiated a home improvement plan in June 2023 and is making progress against this.
- There were areas of improvement which included care planning reviews, the management of risk, alignment of care planning documentation and the strengthening of the management structure.

### **About the service**

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

Earlier in this inspection year, Castle View experienced a period of instability in relation to the Registered Manager post at the care home. There is evidence the management of the care home is stabilising with the presence of an experienced regional support manager from within the care group currently occupying the post.

On the first day of inspection the Registered Manager was not present due to off island commitments however the manager was in attendance for the second day. A Deputy Manager from within the care group was on site for day one of the inspection.

### **Notice of Inspection**

This inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 5<sup>th</sup> December 2023. We visited the service unannounced on the 15<sup>th</sup> December 2023 to commence the inspection over a period of two days.

### **What we did before the inspection**

We read the previous inspection reports and reviewed information we received about the service since the last inspection. We used information the provider sent to us in the Provider Information Return (PIR), statutory notifications submitted to us by the service, the provider's policies, health and safety information, Registered Nurse checks and themes identified from any safeguarding incidents.

### **During the inspection**

- We undertook a tour of the building.
- We reviewed a range of records including people's initial and current assessments, care plans, risk assessments, daily notes and charts.

- We looked at a sample of staff supervision and appraisal records.
- We spoke to people living at the care home and their family members or significant others.
- We read meeting notes in relation to staff, resident and family members meetings.
- We spoke with various staff members and the Registered Manager.
- We observed interactions between staff and people supported.
- We viewed recruitment records.

### **After the inspection**

- We requested feedback from health and social care professionals who have contact with the service.
- We sought additional feedback from family members.
- We reviewed the most recent quality visit report written by the Responsible Person.
- We looked at the most recent dependency assessment tool which informs staffing levels at the care home.
- We reviewed the training records of staff.

**Our findings:**

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

This service was found to be not always safe in accordance with the inspection framework.

**Using medicines safely**

A medication inspection was undertaken by one of our Pharmacy Advisors. Recommendations identified in this report were not significant. Areas identified for action were mainly in relation to the storage and disposal of medication, aspects of recording and administration practices. A copy of this report will be provided to the service for action.

**Systems and Processes to safeguard people from the risk of abuse; Learning lessons when things go wrong**

The service has systems in place to help protect people from harm and abuse.

Castle View, as part of a wider care group has safeguarding and whistleblowing policies in place. Whilst we found the safeguarding policy to be very comprehensive, we did notice the policy was due for review in September 2023 and does not include details of local safeguarding arrangements.

There was a high level of compliance with safeguarding training. Staff spoken to were aware of how to raise safeguarding concerns internally and of the whistleblowing and safeguarding policies.

Providers are required to notify Registration and Inspections about safety incidents. In the previous inspection report we identified not all incidents were being notified to Registrations and Inspections. This situation has much improved, however we are not always notified of incidents or follow ups in a timely manner. This matter was discussed with the Registered Manager who aims to resolve this issue by having a more robust management structure in place within the next few months. The intention being to delegate the responsibility of notifications across the unit managers and/or deputy manager when in post.

There have been formal safeguarding enquiries at Castle View during this inspection year. The care home has reported safeguarding incidents appropriately and engaged with the local safeguarding team.

There is proof of learning from accidents and incidents which have occurred within the care home. Evidence of learning from safeguarding incidents have also been included within the home's improvement plan. During this inspection the changes and systems implemented as a result of this plan were reviewed and some will be discussed in the course of this report.

It may be beneficial for the care home to consider introducing the role of a safeguarding champion (s) to promote research and best practice across the care home, and to help embed and sustain local learning in this area.

When required, we found the service has worked openly and transparently with the Registration and Inspections Team this inspection year. As with notifications, there were however delays experienced in receiving reports from the Registered Manager when requested.

### **Assessing risk, safety monitoring and management**

The care home has numerous arrangements in place to support the monitoring and management of people's safety and welfare. This includes features within the electronic care records system, daily handovers, flash meetings and weekly clinical risk meetings.

A sample of people's electronic files were viewed during this inspection. We could see initial assessments were undertaken to inform the development of care plans and risk assessments.

People's records contained a great deal of information in relation to people's risks and how to manage them.

The care records system also enables key risks to be flagged on people's profile pages.

Recognised tools were seen to be deployed to assess and manage risks such as skin integrity, weight loss and falls. There was evidence of these assessments triggering referrals to specialists such as a dietician, physiotherapist and contact with the GP surgery which has a close working relationship with the care home.

Positive behaviour support plans contained helpful strategies to help staff to reduce behaviours which cause distress to people or challenge others.

As a result of incidents this year, we found improvements had been made in a number of areas including the cross mapping of complex conditions across care plans and risk assessments. People who are newly admitted to the care home are now automatically placed on a short term food and fluid watch to assess their ability to meet nutritional and fluid needs.

In the file samples we viewed, we did note that not all of the care plans and risk assessments were consistently aligned. For example, in one person's file a key risk was not given the significance required on the person's profile page and the associated positive behavior support plan required strengthening. On another file an identified risk, whilst being acted upon, was not incorporated in to the persons care plan.

The Registered Manager told us the care home had recently been contacted by the Community Frailty Team, which is a new initiative, in relation to joint working and regular multidisciplinary reviews. Building on this, and existing relationships such as the wellbeing partnership may be a further avenue of support and advice in meeting the needs of individuals who have complex physical and mental health needs. Involving specialist input in reviewing and developing certain care plans and risk assessments may also be helpful.

As a result of a previous inspection, the care home introduced a multifactorial risk assessment specific to falls. This was found to cover all relevant domains in relation to

falls management. We found some inconsistencies where the multifactorial risk assessment was not fully completed or it had not been updated dynamically following a recent fall.

Hand held devices are used by staff to log when they have completed certain tasks. This includes daily checks which have been identified as being needed to maintain people's safety, for example hourly observations. Of the sample charts we viewed we could see checks and observations to maintain people's safety and welfare were completed. There were some gaps identified which needed to be further explored.

There is an internal safety and quality compliance system in place to help the manager and provider monitor and analyse incidents. This helps to systematically identify gaps, themes and trends to maximise people's safety. It was evident when speaking with the manager and staff that there is a focus on safety.

The people we spoke to living at the care home told us they felt safe. This was further corroborated by feedback we received from family members.

Feedback obtained during inspection demonstrated staff were familiar with people's needs and vulnerabilities. This helps to protect people from harm.

The care home employs a maintenance officer to help manage and maintain the building and communal environment to help people stay safe and meet its statutory obligations.

Routine health and safety checks on the environment and equipment such as electrical installations, water safety, hoists and lifts were seen to be carried out. Only a minor action on the fire safety assessments was seen to be outstanding.

We could not see the care home had completed an internal, interim fire assessment as recommended by the external contractor.

Fire drills had taken place at different times of the day and night in a sensitive manner.

Personal evacuation plans were seen on people's records.

In the dementia unit we found lockable storage cabinets had recently been installed for items which may present a risk to people who cannot manage their own safety. This was an action completed as the result of a previous inspection.

## **Staffing and recruitment**

We looked at recruitment records relating to new staff.

Recruitment systems appeared robust. We saw evidence of registered nurses holding valid personal registration numbers (PINS) with the Nursing Midwifery Council in order to practice as a Registered Nurse. Associated checks of PINS had been made by the service.

Recruitment of any overseas staff is primarily handled by the care group's central office. All necessary local police checks, in addition to enhanced disclosure barring checks (DBS) were completed.

In accordance with the minimum standards, existing staff must be subject to DBS checks every three years. The Caring Homes Group DBS policy is not aligned to this requirement



with a reliance on annual self declaration and random checks. This issue will need to be addressed by the service and provider.

Staffing levels are informed by the use of the care group's dependency assessment tool. We viewed this tool and it appears to be very detailed. Whilst we were informed by the Registered Manager the care home was fully staffed with in built resilience for absences, this did not always seem to be the felt experience based on feedback we received. Some staff, family members and a visiting professional raised perceptions that staff were at times overstretched.

### **Preventing and controlling infection**

The care homes has an up-to-date infection prevention and control policy.

The service was found to be clean and hygienic throughout. There is a system in place to ensure the cleanliness of the home, fixtures and fittings. Regular audits are undertaken and actions identified.

Personal protection equipment and alcohol gels were accessible throughout the home and at the main entrance.

There was evidence during inspection, and from notifications, of appropriate action being taken with an outbreak of Covid 19. This included contact with the local infection prevention team, and taking steps to mitigate the spread of infection such as not mixing staff between units, the wearing of PPE by staff and visitors and encouraging people who were testing positive to stay in their rooms.

Training records showed there was a high level of compliance in relation to infection prevention, control and food hygiene mandatory training.

### **Action we require the provider to take**

Key areas for improvement:

- The Registered Manager to ensure statutory notifications are submitted to Registration and Inspections in a timely way and no later than 24 hours from the occurrence of the event.  
[This improvement is required in line with Regulation 10 of the Care Services Regulations 2013 – Notifications](#)
- The Registered Manager to ensure investigation reports requested by the Adult Safeguarding Team or Registration and Inspection's Teams are submitted according to required timeframes.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- The service to ensure care plans and risk assessments are aligned and followed through.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

- The service to ensure known significant risks are consistently highlighted on people's profile pages and positive behaviour support plans.  
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service
- The service to ensure risk management systems and processes in place are fully completed by staff.  
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service
- The service to ensure actions as recommended by the external fire safety contractor are fully completed.  
This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety
- The service to review its policy in relation to Disclosure Barring Service checks to ensure it is aligned to local statutory requirements.  
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- The service to take action to ascertain views on staffing levels to both allay people's concerns and to be confident staffing levels are adequate to meet people's needs.  
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- The service to ensure actions highlighted in the pharmacy report are actioned.  
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service

## **Recommendation**

The service to consider the role (s) of a Safeguarding Champion to help strengthen the quality and safety of care delivery in the care home.

The service to take action to involve external professionals in the development of complex care plans and risk assessments to help safeguard people at high risk from avoidable harm.

### 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 does require any improvements in this area.

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

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

Mental capacity legislation is not currently in place on the Isle of Man however best practice is relied upon in this area.

We could see the principles of mental capacity were embedded within various domains of people’s files.

We did notice however there was a lack of consistency in the recognition of restrictions placed on people within the recording of mental capacity assessments and associated best interest decisions; for example where locked doors, seat belts and movement sensors are required to promote peoples safety and wellbeing.

Assessment, care planning and risk assessment documentation used by the care home were seen to be underpinned by person centered, human rights and equality act principles.

We could see evidence in files of people’s preferences, likes and dislikes.

People were seen to be supported to attend medical appointments.

The format of assessment and care planning documents covered all significant domains. In the sample of initial and current assessments we viewed we found they contained relevant and practical information. There were however some domains such as routines, skills, strengths, end of life wishes and important people which were consistently not completed or there was limited information. In some cases entries on daily records would benefit from being more specific, for example in relation to skin integrity checks. Ensuring consistency in recording practices will be an area of improvement.

Technology, through the use of hand held devices, is used by the care home to promote and monitor consistency in care delivery.

There was evidence in people’s records of the service working in partnership with external professionals and their guidance being followed. Feedback received in this regard was overall very positive.

It is a requirement of the minimum standards that each person receiving care at the service, and their significant other (s) should be invited to a review meeting at least every six months. We could not be assured from feedback and care records this was happening in all cases.

## **Staff support; induction, training, skills and experience.**

The care home employs in the region of seventy to eighty staff, the majority of whom are engaged in directly delivering care to people who live in the care home. This skill mix includes the registered manager, registered nurses, senior carers, health care assistants, care home assistant practitioners, a chef and wellbeing and activities coordinators. The remaining staff comprise of ancillary, kitchen, housekeeping, administration, reception and maintenance staff. Within this staff group there are various heads of service and unit managers.

The registered manager is experienced and qualified to undertake this role.

There is currently a vacancy for a deputy manager. The registered manager hopes to recruit to this role during the early period of 2024.

The wider care home group offers essential support functions to the service which includes a responsible person, quality safety and compliance, human resource and training. The provider operates a central training hub.

The care home has a six month induction program in place for new staff, and supports all new carers to complete the care certificate.

All Registered Nurses complete a Competency Framework Assessment which is used to identify their strengths and areas of support where further training may be required.

We found there was a high level of compliance with mandatory training. Additional learning was seen to have taken place to help staff meet the needs of people living at the care home, this included falls awareness, dementia, dysphagia in my world, moving and handling and mental capacity. Some of this learning has been in response to the previous inspection report or incidents.

In reviewing sample records we did notice there were some specific health conditions which were not covered in mandatory or specific training offered. In addition a family member reported their relative had a mental health condition of which I could find no evidence of staff having received awareness training in this.

We saw evidence of supervisions and appraisals being used as opportunities to discuss professional development needs and reflections on practice. Supervisions and appraisals are scheduled and tracked to ensure they are completed.

There were no concerns raised by the vast majority of people we spoke to living in the care home in relation to the competency of staff. This was further corroborated in family or significant others feedback.

We saw staff meetings across the care home were taking place on a regular basis.

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

The care homes nutritional policy has been reviewed this year to include more detail in relation to weight loss management. This was in response to a safeguarding outcome. We could not see local referral pathway details embedded in to this policy.

We saw evidence people's nutrition and hydration needs were assessed and monitored. People's weights were also being monitored.

Recognised tools such as the use of fluid targets and malnutrition universal screening tool (MUST) were being used. We saw evidence of referrals being triggered to specialists as a result of the use of MUST. A relevant professional in this field who works closely with Castle View commented on good levels of communication and being alerted appropriately if concerns arose.

Peoples specific eating and drinking requirements, such as modified diets and specific utensils were recorded in care plans.

Show plates are used to aid people living with dementia to see and smell meals on offer and promote their ability to make choices.

Menus were on display.

People are encouraged to dine in communal areas but they can eat in their room if they prefer.

Dining rooms were found to be warm and comfortable, and there was adequate space for carers to assist people at mealtimes when required.

It is recognised that people with dementia respond more positively at mealtimes to domestic scale environments as this promotes a calmer atmosphere and less distraction. Dining in the dementia unit has been broken down in to two groups to promote a smaller scale atmosphere.

People were supported to maintain a balanced diet and food and can give feedback on menus at residents meetings.

The care home's nutrition policy recognises the offering of food according to people's cultural and religious background or lifestyle choices.

We received positive feedback about the quality of meals. One family member said their relative really enjoyed the variety of food on offer and another reported the staff were happy to provide something which was not on the menu if requested. One family member told us menus for prescribed modified diets were not displayed or readily available in advance so this could be reviewed on behalf of their relative for likes and dislikes.

## Action we require the provider to take

Key areas for improvement:

- The service to strengthen the application of mental capacity best practice in recognising and reviewing restrictions which are placed on people's liberty, in their best interests, at review meetings.  
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)
- The service to ensure all domains within the initial and current assessments are completed by staff.  
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)

- The service to ensure care being delivered to people, as stated in the assessment of need, associated care plan and risk assessment is consistently reflected in people's care records and of adequate detail.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- The service to ensure training is delivered and developed around individual's care and support needs gaps are identified and subsequent training is offered to staff to meet people's specific needs.  
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)
- The service to ensure people who live at the service receive a review meeting at least every six months or as required if there are significant changes of need. This helps to be assured peoples assessments and care plans are still relevant and involvement in their care is maximised.  
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)

## 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 any improvements in this area.

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

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

The provider has an equality and human rights policy which covers staff responsibilities in relation to the standards which should be applied in the treatment of residents at the care home. This is further supported by the services statement of purpose and service user guide.

We observed positive and warm interactions between staff, residents and their significant others. The caring attitudes of staff were evident when assisting people with their care and support needs.

Feedback was overwhelmingly positive in relation to the attitudes, behaviour's and approach of staff. We were told staff do pop in to chat to people, and words to describe staff included phrases such as "amazing", "compassionate" and "kind". People said they felt well treated by staff.

Feedback from professionals who work alongside Castle View consistently reflected upon the caring attitude of staff and their good intentions.

We saw recognition in positive behaviour support plans of the need for people to receive emotional reassurance to manage people's anxieties and worries.

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

Meetings, both for people who live in the care home and their significant others are held. These meetings are intended to empower people to express their views and make a contribution to the running of the home.

Daily records confirmed people were encouraged to make choices as far as possible in relation to their routines.

People were seen to be making decisions as to whether or not they wanted to participate in activities which may be happening. This was also confirmed in feedback provided from relatives.

We observed people had personalised their rooms.

Resident of the day records provided further evidence people were consulted about their care on at least a monthly basis.

Family members we spoke with reported good levels of communication in relation to their relative's wellbeing.

The manager told us the care home is developing and exploring future plans to involve residents in the recruitment of staff, and other aspects of the care home.

### **Action we require the provider to take**

Key areas for improvement

- None



## 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 to be not always responsive in accordance with the inspection framework.

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

The electronic assessment and care planning system used by Castle View provides a framework for person centered care planning.

Records were seen to be written in a strength based and respectful manner to people’s dignity.

Profile pages, “about me” and assessments provided helpful information on people’s backgrounds and important people in resident’s lives. This included information on people’s communication needs and gender preferences of care givers.

We were not assured however that assessments and care plans were sufficiently personalised or detailed to reflect peoples preferred routines and whole life. Domains frequently not completed on the assessments we viewed included daily routines, skills, strengths, history, and interests.

Information on preferences in relation to end of life care were also not completed consistently and left blank. It is appreciated people may not always be ready to discuss this phase of life however a form of words to reflect this rather than leaving the domain blank may be beneficial.

People were enabled to maintain contact with people who mattered to them. During inspection we observed people receiving visitors throughout the day. One family member visiting from the UK told us they were able to keep in touch with their relative through FaceTime and staff regularly facilitated this.

Handovers helped to ensure staff have the most up to date information in order to be responsive to people’s current needs.

A range of healthcare and therapy guidance was seen to be included in care plans for example from the GP and visiting specialists. Feedback from one specialist stated staff “do implement my management plans and instructions”. In one instance, a family member told us guidance left by a visiting therapist was not being consistently followed by staff in relation to their relative. This was regarding there being no need to wear a seat belt which was incorporated in to the provided chair. This finding was further cooberated by observation during inspection and reading the persons notes.

Care plans were seen to be dated as being reviewed at least monthly for accuracy by staff.

Review meetings appear to be undertaken irregularly in some cases. This issue has been addressed earlier in the report. Anecdotally however feedback from people supported, and family members, reflected a perception of being frequently involved in how care was provided and they found staff responsive to concerns or issues as they arose.

Recent changes made to the dementia unit have improved the environment to be more sensitive to the needs of people with dementia. This includes better signage, wall art and a sensory and engagement space. Further training has also been provided to improve staff awareness of people's needs in this space. Improvements are ongoing and overseen by the dementia lead for the care group. Future developments will include the planning of more dementia friendly activities. These changes have been positively remarked upon by a visiting specialist.

The care home has also installed a new call bell system. We could see audits of call bell response times were regularly reviewed with a target time of less than four minutes. Most response times were well below this. During inspection we noted call bells were responded timely. One person told us they did not feel the call bell was answered quickly at times due to staff helping others.

Castle View employs a wellbeing coordinator to promote social engagement and activity inside and outside of the home. We received very positive feedback on this role, particularly from family members. One family member described therapeutic intervention offered to their relative who was mostly chair or bed bound through a pamper activity or a chat. The general perception of this role was also that the wellbeing coordinator seemed very busy and could be pulled in to completing other tasks. It may be beneficial for the care home to further consider how the core functions of this vital role can be preserved. We saw a timetable of planned activities displayed.

### **Improving care quality in response to complaints and concerns**

The care home has an established complaints procedure in place and this was on display in reception. The manager informed us the complaints policy was recently sent out to all family members when it was raised at one of the family meetings some people were unaware of the complaints policy.

A service user guide and statement of purpose provide further information in relation to managing expectations, values of the care home and how to make complaints or raise concerns.

The care home maintains a log of complaints and this was viewed on inspection. A random selection of complaints were read and seen to be dealt with appropriately. In one case a staff reflection had been initiated.

People we spoke to said they knew how to raise concerns and issues with staff at the care home and felt comfortable doing so.

The care home appears to provide multiple opportunities for people to give feedback through surveys, resident and family meetings, "resident of the day" contacts, review meetings - where they happen - and informally through day to day contact. I am also aware the manager receives direct emails from family or significant others.

Some actions taken are highlighted and displayed on the care homes "You said, We did" board which was seen on inspection.

Regular resident and family meetings are held. People we spoke to were aware of them. One family member also told us they had been asked for feedback via an online survey.

There is a lack of independent advocacy on the island for adults with specific needs. This is of particular concern for people who may not have the ability to do speak for themselves or do not have relatives or significant others to represent them, for example at review meetings. This is a system wide issue and not specific to this particular service however where sources of support are not available it would be beneficial for the provider to raise this with relevant stakeholders.

### **Action we require the provider to take**

Key areas for improvement

- The service to further improve the personalisation of people's assessments and care plans to ensure the care provided acknowledges peoples preferences and histories. [This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

## 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 be not always well-led in accordance with the inspection framework.

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

The statement of purpose sets out the philosophy and values of the care home and the wider care group. These are also published on the care homes website. We did observe the statement of purpose is not up to date with the current organisational structure.

People we spoke to consistently told us the service was well managed, highlighting specifically the last six months.

Staff remarked on the current management approach and improving culture. One staff member told us they felt “safe and confident” in the current leadership of the care home. Another staff member informed us the restructure of the wider care group had resulted in much more visible leadership from the central office.

There were no concerns brought to us during inspection about the current culture of the care home.

The manager told us he was most proud of being able to provide stability to Castle View. Important leadership values were deemed to be leading by example, compassion, fairness, encouragement and empowerment. Positive changes made to date were highlighted as promoting an open and learning culture, consistent use of policy in relation to a range of issues including staffing, structured touch points with staff, increasing awareness of the manager’s oversight and a sense of working together more and motivated staff.

We found the manager to be candid about the challenges faced during the last inspection year at Castle View with a strong focus on improving outcomes for people who live at the care home.

The Registered Manager confirmed he was well supported by the responsible person and informed us there was regular contact in general with the care group’s central office.

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

The registered manager and wider staff group were cooperative and helpful throughout the inspection process.

Areas of improvement identified in the last inspection report have been largely met however ongoing improvement required in some of these areas have been highlighted in this report.

The manager told us staff are given access to the Nursing Times through a care group subscription. In addition to this, external alerts and “look out for” information are sent through to the care home from the provider’s central office.

There are subject matter leads within the care group, such as the Dementia Lead, which the care home can draw from. Systems within the care home such as email, staff meetings, supervisions, clinical governance meetings and head of department meetings are used to cascade information and share learning. Monthly meetings are also held for all registered managers within the care group to attend.

The provider has established quality assurance and governance arrangements in place. The care home feeds in to the provider’s quality assurance framework and produces a monthly clinical governance report for central office. Various audits and systems were seen to be in use to monitor the quality of service, identify and manage risks.

The responsible person undertakes at least twice yearly visits. Quality visit reports were viewed with actions seen to be highlighted as completed or ongoing. This arrangement helps to ensure improvements are made and embedded in to the daily practices of the care home.

The care home manager undertakes daily walkabouts of the care home and conducts out of hours unannounced visits to the care home.

An area from last year’s inspection was to publish an annual report. This was subsequently actioned. In the coming year, in addition to the current format, we suggest the annual report encompasses feedback from people who live at the care home, such as satisfaction surveys, and any learning applied from complaints or feedback received. This will help to demonstrate the quality of service provided and outcomes for people are being achieved.

We noticed the care home’s and providers policies do not always consider the differences which arise with being located in the Isle of Man jurisdiction, such as the “Disclosure and Barring Checks Policy” or detail localised referral pathways, such as the “Adult Safeguarding Policy” and “Nutrition Policy”. This will need to be addressed.

Whilst there is a lot of audit and governance work undertaken we could not be assured the systems were adequately picking up on potential gaps in care delivery given the missing checks on daily charts which are generated from staff hand held devices.

The registered manager has confirmed an intention to stay on the island for the foreseeable future. There are plans to recruit a deputy manager in to what is currently a vacant post. The leadership team has also been strengthened with the creation of two new unit leads. The further strengthening of the management structure in relation to deputising arrangements will be a recommendation from this report.

Given management changes in the first part of this inspection year, the sustainability of improvements and management stability of the care home will continue to be monitored closely by the Registration and Inspections Team in the course of the next inspection year.

## **Action we require the provider to take**

### Key areas for improvement

- The provider and service to review all policies at the care home to be assured they include detail of local referral pathways where appropriate.

This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.

- The service to take action to be assured quality assurance monitoring is adequately identifying gaps in systems and processes to ensure consistency in practice and to maintain people's quality of care and safety.

This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – review of quality of care.

- The provider to complete plans to strengthen the deputising arrangements within the care home.

This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.

### **Recommendations**

To build on the current format of the annual plan to include the work being undertaken to incorporate people's views and associated learning such as from complaints, residents meetings and satisfaction surveys.

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.