

Golden Senior Care Ltd

Castleview Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Castleview Residential Care Home is registered to provide accommodation and personal care for up to 13 people. At this inspection 13 people were living there including some who were living with dementia.

People's experience of using this service:

- People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and understood what to do to safely support people. Potential risks to people, associated with their care, had been assessed and managed appropriately by the provider and the staff team.
- People received their medicines safely and as prescribed. They were supported by sufficient numbers of staff to ensure that risk of harm was minimised.
- Staff members followed effective infection prevention and control procedures.
- Staff had been recruited appropriately and had received relevant training so they were able to support people with their individual care and support needs.
- People's individual human rights were protected by those supporting them. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.
- The environment where people lived suited their individual needs and preferences. The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet that reflected their personal preferences.
- People were treated with kindness and compassion. People's rights to privacy were respected by the staff who supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.
- People's choices and independence was respected and promoted by a staff team that knew them well and who responded appropriately.
- People were provided with information in a way that they could understand by staff members who understood their individual communication styles. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

Rating at last inspection:

At our last inspection published on 27 January 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated as Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our

inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Castleview Residential Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team comprised of one inspector.

Service and service type:

Castleview Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. 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.

What we did.

Before our inspection visit, we also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an

independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During the inspection we spoke with four people living at Castleview Residential Care Home and one relative. We also spent time observing staff with people in communal areas during the inspection. In addition, we spoke with both registered managers, one deputy manager, one care worker, a domestic support worker and two health and social care students on placement there.

We reviewed a range of records. This included two people's care and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the providers quality monitoring, staff training, health and safety.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes.

- People told us they felt safe living at Castleview Residential Care Home. One person said, "Everything is safe. I have really landed on my feet here." People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- The provider followed safe recruitment processes when employing new staff members. This process included confirming potential employee's identity, requesting references from past employers and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Assessing risk, safety monitoring and management.

- The service had systems in place to identify and manage risks to people. People's care plans contained detailed risk assessments linked to their support needs. For example, mobility, risk of weight loss and risk of developing pressure sores. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. When improvements or repairs were identified the provider had systems in place to keep people safe and informed. Both registered managers outlined their programme of redecoration for us including the provision of wet rooms for people to access, which included how they were keeping people safe during the work.

Staffing levels.

- People were supported by enough staff who were available to safely assist them.
- People told us, and we saw, staff members supported them when they needed assistance and without any unnecessary delay.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to check that people had their medicines when they wanted them and as prescribed.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and if needed retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.

- Medicines were stored securely and in accordance with the storage instructions.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and feedback confirmed this.

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

- People's physical, mental health and social needs had been holistically assessed to meet their individual requirements.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, when assessing people's needs the provider accurately followed recognised assessment tools to understand the support people required.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. This included, but was not limited to, religion, gender and disability.
- Staff members told us that they are encouraged to read people's care and support plans and that they are always informed of any changes so that they could consistently and effectively support people.

Staff skills, knowledge and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. Staff members told us they received regular structured supervisions where they could discuss aspects of their work and highlight any developmental needs they had or training.
- New staff members completed a structured introduction to their role. This included completion of specific training, for example, moving and handling and food hygiene. New staff members then worked alongside experienced staff members until they felt confident to support people safely and effectively.
- When students attended Castleview Residential Care Home as part of their educational placements they completed an introduction. This included meeting people and staff and training, for example fire safety.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

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

- People were supported to have enough to eat and drink to maintain their well-being. People told us they enjoyed the food on offer and always had a choice of meals. If they didn't like what was offered staff prepared an alternative which was to their liking. We saw people were encouraged to eat sufficient amounts to maintain their health. When people needed assistance with their meal we saw this was provided in a timely manner and at a pace to suit them.
- When people had specific nutritional and dietary requirements, advice was sought from the relevant healthcare professionals and staff knew how to meet these needs.

Staff providing consistent, effective, timely care.

- The service worked well with other organisations to provide effective care and treatment. This included GP and district nurses if needed.

- Staff told us, and we saw, they worked well together. One staff member said, "Communication is very good as we are such a small team. We talk and pass on anything that is relevant like if someone is poorly or if they have had a medicine change."

Adapting service, design, decoration to meet people's needs.

- The physical environment within which people lived was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People had personalised their own rooms. One person told us they were encouraged to bring in items that mattered to them including any furniture they felt comfortable sitting in.

Ensuring consent to care and treatment in line with law and 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 for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- Everyone we spoke with told us they were treated with kindness and compassion by a caring and respectful staff team. People described staff supporting them as, "Lovely," "Out of this world," and "Faultless." Staff members spoke about those they supported with fondness and compassion.
- People were supported at time of upset and anxiety. We saw one person became distracted and anxious. A staff member spent time reassuring them and trying to understand what was concerning them. After a while the person visibly relaxed.
- Throughout this inspection we saw many instances of positive interactions between people and staff members supporting them. We saw staff members encouraged people to interact amongst themselves and to take part in discussions about the local area and things they used to do. One staff member told us about people's shared interests which they encouraged discussions about.

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

- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated preferences.
- The service held resident meetings to encourage people to contribute their views about service delivery. We saw minutes of meetings and records of actions that had come as a result of feedback from people.
- As part of the care assessment process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw clearly recorded peoples protected characteristics and how staff members and the management team assisted them to retain their individual identities. For example, when it was identified that one person followed a specific diet, as part of their cultural background, the provider made arrangements to support them appropriately.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to develop their independence. One person told us they helped out by folding washing and pairing socks. They went on to say they always did this and it is good to "keep old habits alive."
- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People were still involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One person said, "We went through absolutely everything when I first came here. Things I have never even considered. I am very happy with the care I receive. It is just what I want."
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported.
- People had information presented in a way that they found accessible and in a format, that they could easily understand. Staff members knew how to effectively communicate with people. For example, we saw one staff member show a plated meal to one person who had difficulty making a decision. The person then made an alternative choice which was then provided. People's individual communication styles and abilities were recorded. However, neither of the registered managers were aware of the accessible information standards albeit they were meeting the principles as part of their assessment of people's communication styles. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. We spoke to the registered managers about this and they told us they would follow this process when reviewing people's care and support plans.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes. People told us they enjoyed going out shopping, to the local café or relaxing whilst reading or doing jigsaws. In addition, we saw people taking part in ball games and helping with household tasks.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record, investigate and respond to any complaints raised with them. People we spoke with told us they were confident any concerns they had would be resolved appropriately.

End of life care and support.

- At the time of this inspection Castlevue Residential Care Home was not supporting anyone who was receiving end of life care. However, one registered manager told us they would assess people's end of life care at a time it was appropriate and they would follow their care planning systems. In addition, the provider had systems in place to seek additional support from other health care professionals if needed.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People and staff members told us they knew who the registered managers were and they saw them on a regular basis or could approach them any time they needed. We saw people and relatives engaging in conversations and discussion with the management team throughout this inspection. One relative told us they could talk with anyone they needed and always felt their opinions were valued.
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- Two registered managers were in post and present throughout this inspection site visit. They understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to us. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Castlevue Residential Care Home.

Engaging and involving people using the service, the public and staff.

- We saw that people were involved in decisions about where they lived and the support they required. One person told us about the changes which were being made at Castlevue Residential Care Home. They said, "They (management team) keep me fully informed about the redecorations which are underway. I am interested and (staff members name) took me to see what was happening. It is all very fascinating."
- Staff members told us they felt listened to by the management team and that their views and opinions were valued. Staff members were encouraged to attend and contribute towards regular staff meetings where aspects of their work and those they supported were discussed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care.

- The management team and provider had systems in place to monitor the quality of the service that they provided. This included regular checks on the environment, checks of the medicine administration records and reviews of the care and support people received. Following these checks the management team

developed an ongoing action plan which included a programme of redecoration and improvement to the physical environment.

- The registered managers told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. However, they were not aware of the changes to law regarding the implementation of the accessible information standards. Albeit they were meeting the principles as part of their care and support assessments.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.