

Barchester Healthcare Homes Limited

Castle Keep

Inspection report

Noddle Hill Way
Bransholme
Hull
North Humberside
HU7 4FG

Tel: 01482372402
Website: www.barchester.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Castle Keep is a residential care home providing personal and nursing care for up to 49 people across two designated wings; Nightingale for people living with dementia and Willow for people with complex health care needs. Each wing has a separate entrance and adapted facilities to suit the needs of the people living there. The service provides support to people living with dementia, older people, people with a physical disability and younger adults. At the time of our inspection there were 47 people using the service.

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

The service did not have a registered manager in place; however, a manager had been recruited and was waiting for their application to progress through the Care Quality Commission.

People received their medicines as prescribed. Medicines are stored correctly; staff keep accurate medicines records and manage medicines consistently and safely.

Effective safeguarding systems were in place. Safeguarding concerns were managed consistently and promptly. All staff had an awareness and understanding of abuse and felt comfortable raising concerns about their own or other people's safety.

Risk assessments were person centred and contained enough information to guide staff in their practice. There was a culture of learning from accidents and incidents.

There was enough competent staff across the service to meet people's needs. Recruitment processes were robust and appropriate recruitment checks were carried out. One relative told us "There is always enough staff around if you need them."

Infection, prevention and control was managed well. Staff were trained and understood their responsibilities for maintaining high standards of cleanliness.

The service had a positive culture that is person centred. The provider, manager and staff had a good understanding of equality and diversity and this was promoted through the workforce. Relatives told us "The staff are brilliant; they go above and beyond" and "The staff are lovely and it is a lovely atmosphere."

The manager had effective governance systems in place. Risks were identified through audits and action plans were produced that monitored the services performance and used the information to drive improvements through the service.

People and their families were involved in a meaningful way and their feedback used to drive improvements in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at <http://www.cqc.org.uk>

Rating at last inspection

The last rating for this service was requires improvement (published 30 March 2020). At our last inspection we recommended that the provider consider current guidance on administering and recording medicines and update their practice accordingly. At this inspection we found the provider had acted on the recommendations and had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Keep on our website at <http://www.cqc.org.uk>.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

Castle Keep

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Castle Keep is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Castle Keep is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post, however a manager was employed, and they had started the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 July 2022 and ended on 8 July 2022. We visited the location's service on 5 July 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and 10 relatives about their experience of the care provided. We spoke with nine members of staff, including the current manager, the operations manager and seven care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service. We also received information from two health care professionals who visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering and recording medicines and act to update their practice. The provider had made improvements.

- Peoples medicines were managed safely and administered as prescribed. Instructions for medicines to be given at specific times were available for staff. This reduced the risk of people experiencing adverse side effects from the medicine not working as intended.
- People who were prescribed 'as and when' medication had a protocol in place and staff had written why it was required and how much was administered.
- Staff were trained and supported in their role to administer medicines. Records showed staff had their competencies checked annually. Staff told us they received annual updates for medication.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place that helped reduce the risk of abuse.
- People told us the service was safe. Comments included "I feel safe and I like living here" and "They are the nicest bunch of people [staff] and will sort things out for you."
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were assessed appropriately.
- Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they contained enough information to care for someone safely.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they were informative and gave staff guidance in evacuating people from the service.
- The manager had processes in place to review all accidents and incidents, these were responded to appropriately and lessons were learnt to drive improvements in the service.

Staffing and recruitment

- There were enough staff to ensure people received safe care. We observed staff providing support and engaging with people in a meaningful and positive way. A relative told us "There are an amazing number of staff and they all do a good job."
- The manager used a dependency tool to determine the number of staff required across the service to

meet people's needs. The manager told us this was reviewed weekly and staffing was adjusted if required.

- The provider had appropriate recruitment procedures in place for the recruitment of staff. These procedures included criminal record checks, identify checks and references from previous employers. This meant only suitable people were recruited by the provider.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider had systems in place to support people to have visits from family and friends. People had risk assessments in their care records for visiting arrangements, the provider provided PPE for visitors.

- The provider allowed visitors into the service without using a booking system. This meant people could have visits from relatives when they wanted. One relative told us, "They [provider] are not like other care homes we can come and visit when we want which is really good as it has been so hard for [Persons name], now he knows he can see me when he wants."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had been without a registered manager since May 2022. A newly appointed manager has come into post whose application to become the registered manager with the Care Quality Commission was progressing.
- The service had several effective quality monitoring systems in place. The manager produced action plans from these audits, and they were used to continually review and improve the service.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. We had received notifications relating to significant events that occurred within the service.

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

- The provider had an open and honest culture. Staff told us they could speak to senior staff or the manager if they had any concerns. Staff described morale as 'good' and they felt positive about the new manager, comments included "He is really approachable", and "He is taking the lead well for someone who is new, he always has time for residents and a few of them recognise him now."
- People and relatives spoke positively about the new manager and the service. They told us, "I cannot praise them [provider] enough, I would not have [name] go anywhere else," and "They are all my friends, they look after me and that is the truth."

Continuous learning and improving care; Working in partnership with others

- Throughout the inspection we saw evidence the manager was committed to improve the service and drive improvement. They discussed their plans to develop staff, employ 'speak up champions' and promote continuous learning throughout the service to improve care.
- Accidents and incidents are reviewed weekly and discussed with staff in daily and monthly team meetings. This supported current and potential concerns and areas for improvement.
- The service worked collaboratively with a range of different health services to help make sure people received the right support. One professional told us recommendations were followed up and care plans were very specific, and person centred.

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

- The provider engaged and involved people using the service. Relatives told us they had regular meetings where they are kept informed about what is happening in the service.
- The manager has developed action plans from resident and relatives' feedback, these are signed and dated when completed.
- Staff had team meetings and they told us they can discuss issues that are important to them and they feel listened to. The manager also has a daily meeting with senior staff to discuss important issues which are communicated to staff in the service.
- The provider has a policy for promoting equality and diversity and LGTBQ training is now mandatory for all staff. Lesbian, gay, bisexual, trans and queer (LGTBQ) training supports staff to recognise their responsibility for promoting inclusive healthcare.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.