

St Mary's (ASC) Limited

Castle Grange

Inspection report

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18 January 2023

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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

Castle Grange is a residential care home providing accommodation for persons who require nursing or personal care to up to 86 people. The service provides support to older people and younger adults, including people with dementia. At the time of our inspection there were 69 people using the service.

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

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.

People told us they felt safe navigating the home and with the staff who supported them. Staff had received training in safeguarding and felt confident in the processes in place to report any concerns. Risks to people's health, safety and wellbeing had been assessed and staff understood how to help keep people safe.

The service was a modern build with a safe, homely environment. Risk assessments were used to keep staff and visitors safe and promoted good access to internal and external communal areas.

Medicines were managed and administered safely, with regular checks completed. We were assured by the measures taken to help ensure the prevention and control of infection. Where areas of the home required maintenance, actions were swiftly implemented to maintain standards. For example, to maintain a clean and pleasant environment.

Staff responded promptly and were attentive to people's needs. The registered manager monitored staff deployment and ensured enough staff were always on duty. Ongoing recruitment meant there was a reduction on the reliance of agency staff which improved people's experiences. Processes in place ensured staff recruitment was appropriate with a range pre-employment checks completed.

People were supported by caring, friendly staff who knew their needs well. People told us staff were skilled in their roles. Staff received required training and checks to ensure they followed best practice guidance.

People received an initial assessment of their needs. Care records included up to date information which evidenced people's involvement with their care, support and regular reviews. Care provided was personalised and supported people's preferences and wishes.

People's health needs were being met. The service worked closely with other health professionals and external agencies to support them with their health and wellbeing. A health professional told us the service pro-actively sort external support to ensure people's needs were met and responded positively to any guidance provided.

People and staff spoke positively about the management of the service and their openness to feedback. The

management team was approachable, maintained regular communication, and listened to the views of others.

A range of audits and checks were completed to maintain and where required, implement any required improvements.

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

Rating at least inspection and update

The last rating for this service was requires improvement (published 18 November 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

Follow up

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?

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 ●

Castle Grange

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 completed by one inspector and an Expert by Experience. 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 Grange 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 Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 11 January 2023 and ended on 27 January 2023. We visited the service on 11 and 18 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 7 people who used the service and 4 relatives about their experience of the care provided. We spoke with a visiting health professional and with 9 members of staff including care staff, the area manager, registered manager, cook, and domestic lead. We reviewed a range of records. This included 5 care plans, 5 staff files and records relating to the management of the service. We observed the medicines administration and management process including associated record keeping.

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.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Care records included information about people's medical conditions and information was available for staff to ensure they could react quickly where any concerns were evident.
- Management oversight of accidents and incidents was used to help implement actions to keep people safe from similar events. For example, evaluations of falls by people ensured any themes were identified and appropriate referrals made to help to keep people safe. A relative said, "[Name] is at risk of falls; they [staff] do their best. They have sensors and crash mats, but unless someone is with them 24 hours a day they are at risk. Staff complete checks every night, hourly. They are putting as many measures in as they can to keep [name] safe."

Using medicines safely

At our last inspection the provider had failed to ensure processes for the recording and auditing of people's medicines were robust enough to demonstrate medicines were being effectively managed. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Robust medicine checks and audits ensured required record keeping remained up to date. Management oversight ensured associated processes remained effective and followed up to date 'best practice' guidance.
- Medicines were received, stored, administered and disposed of safely.
- Staff involved in handling medicines were trained and assessed as competent to support people with their medicines.
- Where safe to do so, people were supported to take their own medicines. One person said, "Staff will remind me when I need prompting [to take my medicines]."

Staffing and recruitment

At our last inspection we recommended the provider reviewed their staffing tool against relevant guidance to ensure there are sufficient staff on duty at all times to meet people's assessed needs.

The provider had made improvements

- The manager utilised a staffing dependency tool and had contingency plans to ensure there were enough staff available to provide care and support to meet people's assessed needs.
- Employment policies and procedures were followed. The provider completed robust checks to ensure they recruited staff safely. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they benefitted from a small, committed team who worked closely together with senior carers and management support to ensure people's needs were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes supported staff to raise any concerns or incidents to ensure people remained free from avoidable harm and abuse.
- People and their relatives told us they felt safe where they lived and with the staff who supported them. One relative said, "We find the care home to be fantastic, in all aspects of care. [Name] is very safe there."

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 service ensured people received regular and unhindered visitors following appropriate guidance to keep individuals safe. A relative told us, "There's no problem whatsoever [with visiting], throughout Covid we were not allowed to go in the building, they put a 'pod' up in the garden so we could visit."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure effective oversight and monitoring of staff induction, supervision, appraisal and training. This was a breach of regulation 17(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff received appropriate ongoing support, supervision and training to carry out their roles. One staff said, "We are very well supported; we have regular supervisions and managers are very approachable."
- New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support. New staff completed probationary review meetings to discuss their performance and any concerns they may have had.

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

- Prior to moving into the service, the provider completed individual assessments with people to determine and meet their individual level of need.
- People were involved in planning and reviewing their care and support. Care plans included up to date information to ensure staff had access to good information about people's individual needs and preferences.

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

- People received support to remain healthy. Where people's weight was in question, supportive measures were implemented. For example, weekly weights were recorded and support was available from dietitians.
- A choice of meals was provided, and people appeared to enjoy the food on offer. Enough suitably trained staff were available to provide individualised support where needed.
- Snack and drinks were available throughout the day. One person said, "The food is very good. If you ask for anything they would do it, they offer vegetarian as well. Drinks, snacks, anything you want you can have."

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

- People told us, and records confirmed they had good support to access other health professionals where required. A health visitor said, "We visit regularly, and we are always well received. Staff are quick to call us

and are available for any feedback to help support people."

- Staff clearly understood the required processes to ensure people received timely access to health professionals. One person said, "If there was anything wrong, I would tell the senior. They would ring the Doctor. I'm with Specsavers, every couple of years they come in and test people's eyes".
- The provider ensured that any external health advice was recorded as guidance for staff to follow.

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

- The home environment was modern and welcoming with good access to communal areas and outside garden areas.
- The provider employed a dementia lead who was responsible for reviewing this area of the home to ensure the environment remained easy to navigate for people who may become confused. For example, the home was easy to navigate, had good signage and included designated areas to stimulate people's interest.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager and staff were aware of their responsibilities under the MCA.
- Where assessments recorded people did not have capacity under the MCA, required assessments, decision making, authorisation and reviews were in place.
- People told us staff discussed their needs all the time and always asked if they were happy to proceed prior to providing care and support.
- Staff understood the importance of offering people choice and to promote their independence

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection we found staffing levels did not always support person-centred care. Improvements had been made and we found enough staff were on duty to meet people's everyday needs.
- Staff were observed to be regularly interacting with people who enjoyed their company. We observed sensitive interactions between people and staff who showed complete empathy and understanding when this was required along with sharing humorous moments to pass the day. A relative said, "We are very lucky, all of them [staff] I've seen show [name] love and care. They give her a hug, joke with her, dance with her. No complaints at all."
- At our last inspection we found daily record keeping of people's care was not robust. Improvements had been made. Good systems and processes to record daily activities of care were used by staff. This meant any person-centred care omissions or refusals were reviewed at management level which improved people's health and experiences.
- Care plans included detail of any diverse needs for people to ensure these were known to staff and respected.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and where applicable their relatives, told us they were actively involved in the planning of their care and were supported to express their views. A relative said, "We are very much so. [Name] has been there since September and we have already had two meetings in relation to their care plan. They are definitely working with us."
- Staff understood the importance of maintaining dignity, privacy and providing compassionate care and support.
- People told us staff encouraged and supported them to be as independent as possible.
- People told us they attended resident forums where they were able to contribute their feedback and receive updates on any changes at the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that reflected their needs and preferences.
- Care plans provided staff with personal background information. For example, their likes and dislikes, health and care need and how they would like to be supported.
- People were routinely involved in planning and reviewing their care. Where people were not able to plan areas of their own care, decisions were made in their best interest by people who understood their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Daily activities were coordinated by staff employed by the service who supported people to enjoy interests of their choosing both individually and in groups. A relative said, "They do all sorts of things. bingo, colouring, exercises and up to Christmas they had singers and choirs. It seems pretty good. [Name] has their hair and nails done on a weekly basis."
- The provider ensured any religious preferences were recorded and supported to ensure everyone continued to follow their faith. One person said, "The chief steward of Chapel rings me every couple of weeks; I feel the connection is still there."
- Where people choose to remain in their rooms, they were assured of staff support and visits from friends and families to ensure they remained stimulated and to avoid social isolation. On person said, "I have my knitting and my word books. I'm happy."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes. This included records of their needs with regards to hearing, sight and speech.
- Information was made available in various formats to allow it to be accessible to people, if this was needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system in place to ensure any concerns were addressed without unnecessary delay.
- People told us they understood how to raise any complaints. They told us they rarely had cause to complain but that any concerns were appropriately responded to.
- Feedback, including concerns and complaints was welcomed by the service and where appropriate outcomes were used to help improve the service for people.

End of life care and support

- Records included information to ensure people received end of life care and support according to their wishes and preferences.
- Any advanced care and support decisions made by people was recorded. This included information for staff to follow to ensure people received their chosen level of medical support at the right time, to remain pain free during end stages of life.

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

At our last inspection the provider had failed to ensure effective quality checks were used to monitor service compliance. This was a breach of regulation 17 (1)(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.
- Systems and processes were regularly reviewed with any required improvements implemented in a timely way.
- People told us they felt confident that the service would act if they suggested an area for improving care and support.
- The service had good partnership links with stakeholders including other health professionals. For example, people were supported holistically with their health needs with input from area specialists. This ensured people received guidance and support to maintain their health and wellbeing where required.
- People told us the service was managed well with caring staff.
- Staff told us senior staff were approachable which resulted in good communication and support for the benefit of people receiving a service.
- Regular staff and resident meetings provided individuals with the opportunity to contribute their views to help the service improve.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.

- The manager and staff understood the need to be clear and record incidents in a way that they could be easily investigated and responded to.
- People and staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events. A relative said, "We have built up a good relationship. I can be open and honest if I have any concerns."

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

- People were given the opportunity to feed back on the service they received and told us the senior staff including the manager were approachable.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care.
- Thorough pre-assessments of people's need ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments made to ensure care was tailored to meet their needs.