

Lancashire County Council

Castleford Home for Older People

Inspection report

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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

Castleford Home for Older People is a residential care home providing accommodation and personal care for up to 47 older people. There were 38 people living in the home at the time of the inspection. The home is divided into 4 areas, known as Henthorn Court, Edisford Court, Castlevue Court and the community beds area. This area provided support for people up to a maximum of 6 weeks, whilst longer term decisions were made. People living with dementia were provided with care and support on Henthorn Court and Edisford Court.

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

People told us they felt safe living in the home, and they were happy with the service provided.

Improvements had been made to the management of medicines and risks. However, we noted there were signature omissions in the administration of topical creams. Following the inspection, the registered manager confirmed additional checks had been introduced to ensure the topical cream administration records were fully completed.

Individual and environmental risks had been assessed and managed. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an appropriate procedure for the recruitment of new staff. People were protected from the risks associated with the spread of infection. Whilst the premises had a satisfactory standard of cleanliness throughout the building, a shower room had been left unclean. The registered manager took immediate action to have the room cleaned during the inspection.

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

The management team carried out a series of audits to check and monitor the quality of the service. The registered manager considered the views of people, their relatives and staff in respect to the quality of care provided. The registered manager and staff used the feedback to make ongoing improvements to the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 5 November 2019).

At our last inspection we recommended that the provider make improvements to management of risks and medicines and strengthen their quality assurance systems. At this inspection we found the provider had acted on the recommendations and made improvements to the service.

Why we inspected

We carried out an unannounced focused inspection of this service on 1 and 3 October 2019. We made three recommendations in respect to the management of risks and medicines and the governance systems. We undertook this focused inspection to follow up on the recommendations made at the last inspection.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those recommendations. 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.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castleford Home for Older People on our website at www.cqc.org.uk.

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?

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.

Castleford Home for Older People

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

One inspector undertook the inspection.

Service and service type

Castleford Home for Older People 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. Castleford Home for Older People 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 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 a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 6 people living in the home, 2 relatives, 5 members of care staff, the registered manager, and the senior operations manager. We also spoke with 2 visiting healthcare professionals.

We carried out a tour of the building with the registered manager and reviewed a range of records. This included 2 people's care documentation, 2 staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of 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 the last inspection, this key question was rated as 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

At our last inspection, we recommended the provider ensured staff assessed and recorded timely risk assessments in line with people's needs. The provider had made improvements.

- Risks to people and the service were assessed and managed. Risk management strategies were included in people's care plan documentation and there was guidance for staff to follow to support people safely.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space.
- The provider had arrangements to carry out routine maintenance and safety checks on the installations and equipment. However, we noted people living on Henthorn Court were not able to use the bath due to a faulty bath chair. In addition, the sluice water tank was leaking, and staff had to improvise to use a hoist. The registered manager arranged for the sluice to be repaired on the second day of the inspection and the hoist was taken out of use. All safety certificates seen were complete and up to date.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances.
- Personal emergency evacuation plans had been developed for all people living in the home.

Following the inspection, the registered manager sent us an action which stated the bathrooms on Henthorn Court and Edisford Court were due to be refurbished imminently. The action plan also confirmed parts for the hoist had been ordered.

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.

Using medicines safely

At our last inspection, we recommended the provider considered the current guidance in respect to the management of medicines in care homes. The provider had made improvements.

- Medicines were stored and managed safely. Staff administering medicines received training and had their competency checked to ensure their practice remained safe.
- People told us they were satisfied with the way staff managed their medicines.
- The staff maintained appropriate records for the receipt, administration, and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.
- We noted there were some omissions in the records for the administration of topical creams.

Following the inspection, the registered manager sent us an action plan to confirm additional checks had been introduced to ensure the topical cream administration charts were fully completed.

Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home. We observed there was an appropriate number of staff on duty to meet people's needs during the inspection.
- People told us there were usually sufficient staff to attend to their needs in a timely way. One person said, "The staff are marvellous and always there for me when I need them" and another person commented, "The staff always respond quickly if I need anything. They are all very nice."
- There were suitable arrangements for the recruitment of new staff.

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

- The provider had established systems and processes to safeguard people from abuse. Staff had access to appropriate policies, procedures and training and understood how to raise any concerns about poor practice.
- People told us they felt safe and were happy with the care and support they received. One person told us, "It's been home from home for me. I feel settled and happy" and another person said, "I feel very safe, the staff are always beside me." Relatives had no concerns about the safety of their family members.
- We observed sensitive and caring interactions between the staff and people living in the home throughout the inspection.
- The registered manager and staff had maintained a record of accidents and incidents and made referrals as appropriate to other organisations and professionals.
- The registered manager had carried out a detailed analysis of the accident and incident data on monthly basis to identify any patterns or trends. Any learning had been discussed with the staff team both at group and individual meetings.

How well are people protected by the prevention and control of infection?

- We conducted a visual inspection of the premises, observed staff practices and discussed the infection prevention control arrangements with the registered manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the

premises. However, whilst the building had a satisfactory standard of cleanliness, we found one shower room had been left unclean and in disarray. The registered manager took immediate action to ensure the room was cleaned.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Following the inspection, the registered manager sent us an action plan which stated more checks would be carried out of the environment to ensure a consistent standard of cleanliness throughout the building.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families.

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 as 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

At our last inspection, we recommended the provider strengthened the quality assurance processes. The provider had made improvements.

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. There was a welcoming and positive atmosphere in the home and a good level of interaction between staff and people living in the home.
- The management team carried out a number of audits and checks covering all aspects of the service. Action plans were drawn up to address any shortfalls.
- The registered manager was supported by the senior operations manager, who visited the home at regular intervals to carry out audits and checks. Action plans were developed to ensure the necessary improvements were made in a timely manner.
- The registered manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were able to raise issues or concerns within the meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- People were supported in a sensitive and kind manner. Feedback from people living in the home was positive. One person told us, "This home is perfect. I wouldn't like to live anywhere else."
- The registered manager and staff worked in partnership with other professionals and external agencies to learn and share knowledge and information which promoted the development of the service. We spoke with 2 health care professionals during the inspection, who provided us with positive feedback about the service.

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

- Staff involved and engaged people in the life of the home and considered their equality characteristics. The registered manager encouraged people to express their opinions through different forums to ensure

their views were heard. We saw residents' and relatives' meetings had been held monthly.

- Whilst people were consulted about their views, they had not been invited to participate in a satisfaction survey since August 2021. The registered manager advised a survey was due to be undertaken.
- The provider and the registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between the registered manager, staff and people who lived in the home and their family members.