Ascot Care (Castleview) Limited

Castleview Care Home

Inspection report

Howling Lane
Alnwick
Northumberland
NE66 1LH

Tel: 01914936920

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Castleview Care Home provides residential or nursing care for up to 45 older people. At the time of the inspection there were 42 people living at the service, some of whom were living with a dementia.

People's experience of using this service: People living at the home benefited from a service that was exceptionally responsive to their needs and extremely well managed. There was a truly holistic approach to assessing and delivering care and support. Care plans were personalised and recorded specific information about what was important to each person.

People were involved in the planning of their care and their preferences were always considered. Each person was treated as an individual. Their social, emotional and spiritual needs were valued and respected by all staff.

The home actively engaged and had strong links with the local community. Staff worked with people and their relatives to promote inclusion and maintain people's self-esteem. Their choices and wishes were recognised and people were actively encouraged to share their views and give feedback regarding their care.

People and their relatives consistently told us staff were caring and always showed kindness and compassion.

People were truly placed at the centre of the service and were consulted on every level. Staff worked in respectful ways to maintain people's privacy and dignity. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate care.

People received outstanding end of life care.

Strong links were maintained with the local community. The home invited members of the community to join them for social events. The ethos behind these initiatives was to make Castleview a place for the entire community.

The home was well led. The registered manager demonstrated a strong and supportive leadership style. They led by example and promoted a culture of team work and inclusion for all.

More information is contained in the detailed findings below.

Rating at last inspection: This is the first inspection of this location since a change in the provider's registration.

Why we inspected: This was a planned inspection to give a first rating for the service under their new

registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-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?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Castleview 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 consisted of two adult social care inspectors.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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.

Notice of inspection: This inspection was unannounced.

What we did: Prior to the inspection, we checked all the information we had received about the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with eight people who used the service and five relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, a quality assurance manager employed by the provider, clinical lead, two care staff, activity coordinator, the cook and a maintenance worker.

We reviewed a range of care records for 14 people. We looked at three staff personnel files, two staff training records in addition to a range of records in relation to the safety and management of the service. We also spoke with three visiting healthcare professionals. After the inspection the regional manager sent us further information which we had requested.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.
• Systems were in place to safeguard people from abuse. Staff understood their role in how to protect people. Guidance was available to staff which included on how to safeguard children.
• People told us they felt safe living at the home. One relative told us, "Definitely feel that [name of person] is safe here, without a doubt. We have never had to raise any safeguarding concerns."

Staffing and recruitment.
• Safe recruitment procedures were followed.
• There were enough staff on duty to meet the needs of people. Staffing levels were determined using a dependency tool and an additional member of staff was available to provide support where needed.
• Checks were carried out to ensure nurses were registered with the Nursing & Midwifery Council.

Using medicines safely.
• Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.

Assessing risk, safety monitoring and management.
• Risk assessments were in place for people. These included environmental risks and any risks due to the health and support needs of the person.
• The home was undergoing redevelopment and building work was being carried out to create a new conservatory and lounge. A range of checks were completed to ensure the safety of the building and equipment.

Learning lessons when things go wrong.
• Systems were in place to review accidents and incidents to identify if any lessons could be learned.
• Where issues were identified, action was taken to reduce the risks of repeated incidents. It was highlighted that additional training was required to support staff in the analysis of falls. The registered manager assured us training would be provided.

Preventing and controlling infection.
• People were protected from the spread of infection. The environment was clean and had no malodours.
• Infection control procedures were in place which minimised risks to people.

Good

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.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• Records confirmed that an assessment of people's needs had been completed.
• Assessments were thorough and expected outcomes were identified. Assessments were updated when a change in need was identified for the person.
• Support plans contained person-centred information and recorded what was important to the individual.

Staff support: induction, training, skills and experience.
• Staff were competent, knowledgeable and skilled, and carried out their roles effectively.
• Staff's understanding and skills were checked through supervision, observations and team meetings.
• Newly recruited staff completed a comprehensive induction programme and a mentor was identified for newly recruited nurses.
• One relative told us, "[Name of person] settled straight away after coming to Castleview as the staff here understood their needs. [Name of person's] behaviour changed straight away."

Supporting people to eat and drink enough to maintain a balanced diet.
• People were asked what they wanted for lunch the day before. They could change their mind and were also shown food options at meal times to stimulate their senses. This flexibility was beneficial for people living with dementia.
• Food was well presented and most people told us they enjoyed it. One person told us they would like more salad and another said they did not like the food. We brought this to the attention of the registered manager who told us alternative choices were always available for people.
• Staff were knowledgeable about people's special dietary needs and preferences. Staff had completed training in food safety.
• A tray service was available to people who chose to eat in their rooms. Systems were in place to ensure all people eating in their rooms received the same standard of food as people eating in the dining room.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.
• People were supported to access a range of healthcare professionals to ensure they remained healthy. The home appropriately referred people to other healthcare professionals such as care managers, speech and language therapists and dieticians.
• People could access health education sessions. For example, supporting a person to request a referral to the smoking cessation team.
• A visiting healthcare professional told us, "The staff communicate really well. The manager is very good at arranging reviews and inviting us to meet with people and families."

Adapting service, design, decoration to meet people's needs.
• Some people's bedrooms were personalised with their own furniture and belongings.
• Extensive building work was underway to improve the internal living environment. This included redevelopment of the garden and seating area.
• The home was adapted for people living with dementia. For example, pictorial signage which helped people to orientate themselves.

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). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• The principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations were followed.
• Capacity assessments had been completed for people and decisions made in their best interests were recorded.
• Staff ensured that people or their representatives were involved in decisions about their care.

Good

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.

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

Ensuring people are well treated and supported; equality and diversity.
• People told us staff were caring. Comments included: "The staff are good, very good. They'll help you. There is nothing wrong with the staff here." One relative told us, "Staff are caring, they are lovely. There was one day when [name of person] was repetitively talking about things and staff took the time to explain things to [name of person]. Staff were just lovely with [them] and they all seem to care. The staff remember you and know who you are here to visit and I think that is a nice touch too."
• People's rights were actively promoted; The staff were trained to ensure people were treated in a person-centred way.
• We observed the staff team worked well together and with the people who used the service. Staff engaged people in conversations and we heard lots of laughter throughout our visit.
• People's religious beliefs were recorded. The home had links with a local church and religious services had been conducted within the home which were open to people of all faiths.

Supporting people to express their views and be involved in making decisions about their care.
• People's communication needs were recorded in care plans and staff supported them to be involved in making decisions about their care.
• Information was available for people in accessible formats. For example, the home's newsletter was produced in a large print version for partially sighted people.
• Information was available about advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. Staff knew how to support people to access advocacy services, if this was needed.

Respecting and promoting people's privacy, dignity and independence.
• Staff worked in ways which promoted independence and maintained the privacy and dignity of the people they cared for. Staff described ways in which they worked to protect people's dignity when supporting people with personal care.
• We found there was a calm relaxed atmosphere within the home.
• People's confidential information was stored securely and could be located when required. This meant that people's confidentiality was maintained as only people authorised to look at records could view them.

Outstanding ☆

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

• Without question people received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved; Systems were in place to support married couples to maintain their relationship with each other.
• Everyone we spoke with was extremely complimentary of the skill of staff and their excellent understanding of people's needs. One relative told us, "The staff know exactly what they are doing. I can't fault anything."
• Staff had outstanding skills in using assistive technology; innovative ways of working were embedded into the culture of the home to keep people safe. The provider used technology to support people to maintain their independence. One person living with dementia used assistive technology to enable them to access the community independently. This meant staff could respond to the person in the community if required. Investment had also been made to purchase new falls sensors with infra-red technology. This meant staff were alerted quickly in the event of a fall.
• Technology was used to support people with their communication needs. A designated internet station was available for people and their relatives. Wi-Fi was available and people could have face to face conversations with relatives using web based programmes.
• Some staff had allocated roles for person-centred thinking and had attended training courses. This equipped staff with the skills to write person-centred care plans which were sensitive to the needs of people and recorded what was important to them. Thorough person-centred assessments were completed for people. As well as the person, every effort was made to ensure other relevant people were involved in the assessment process. Video calls had been made to relatives unable to visit to support the pre-admission assessments process.
• A holistic approach was taken when considering people's support needs. Where their needs changed specialist health and social care professional's advice was sought. This included providing additional one to one staffing support to people at times when there was a sudden change in their assessed need. The home worked proactively to maintain placements for people when changes occurred.
• The home took a key role in actively engaging with the local community and considered further ways that links could be established. For example, at Christmas communications were made with the local community via social media and flyers to offer anyone who would be spending Christmas alone to join the home for lunch. Religious groups also regularly visit the home, services were open to be attended by people of all faiths.
• People were offered a range of activities that were individual to their specific needs, likes and dislikes. An activity co-ordinator supported people with their interests and arranged outings. Staff worked with people's

relatives to find out about their life histories. Pictures and photographs were included in personal booklets which were used to reminisce with people and encourage conversations.

End of life care and support.
• People received exceptional end of life care and staff worked to support the person and their relatives. One relative told us, "I can't fault the staff. They cared for me as well but the care for [name of person] was exemplary. They [staff] were so on the ball with making sure [name of person's] lips were moisturised and mouth hygiene was carried out. If there was any sign of pain staff were straight on to the doctor. One of the nurses told me they would not have [name of person] in any discomfort."
• Comprehensive end of life care plans were in place. These recorded people's wishes and what was important to them for their end of life care. Advanced care plans were developed with a local hospice to ensure people were comfortable.
• Staff had opportunities for reflection and learning after a person had died and were supported with empathy and compassion by the registered manager. Staff completed after death reflective accounts and discussed the person's end of life care to identify areas of good practice. Outcomes of reflective sessions influenced how future care would be provided.
• Systems were in place to support relatives in their time of grief that demonstrated compassion and care. The registered manager contacted relatives after a person had passed away to discuss memories and offer emotional support. If necessary they sign posted relatives to their GP for grief counselling. Staff contacted relatives at anniversaries such as the person's birthday and sent a card on the first anniversary of their death.
• A 'Blessing Tree' was in the home. This contained notes to loved ones from relatives and from other people living in the home. Relatives could return to view the tree; it helped other people living in the home to reflect after a friend had passed away.

Improving care quality in response to complaints or concerns.
• Records of all concerns, complaints, and compliments were recorded and acknowledged. The provider had a clear policy and complaints were investigated and responded to.
• People knew how to provide feedback to the management team about their experiences and the service provided a range of accessible ways to do this.

Good

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.
• The registered manager promoted high-quality, person-centred care to achieve exceptional outcomes for people. Care plans considered the physical, spiritual and social aspects of a person's life. Opportunities for people to enhance their well-being were available and links with the local community were established.
• People, relatives and visiting professionals told us the service was well managed and the registered manager was visible and approachable. We saw them to be kind, caring and they knew everyone extremely well including their relatives. One relative said, "I think it's brilliant, I can't fault it. It's like a family. [Name of registered manager] is marvellous; fantastic!" A person who lived at the home told us, "[Name of registered manager] tries their best for all of us."
• Staff consistently told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "Everything gets done that needs to be done, it's a relaxed home. We [staff] all get on. I can go to [name of registered manager], team leaders and administrator for help. I feel well supported."
• The culture of the home was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• Staff regularly reflected on their practice to deliver service improvements; The registered manager understood their responsibilities in what had to be reported to the Commission.
• Staff understood their roles and responsibilities. The registered manager told us, "If I do an action plan nearly everyone will get an area of responsibility. I think you get the best out of the staff team this way as everyone feels included and feels involved in giving people a really good service."
• Responsibility and accountability was demonstrated through the use of audits which were thorough and questioning. The documentation we viewed during the inspection was of a high quality.
• Systems were in place which were highly effective in providing oversight of what was happening in the service. The providers quality assurance manager told us, "There is a good support structure with a no blame culture."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
• People, relatives and staff were empowered to voice their opinions; the provider regularly sought the views of people. Feedback was always responded to and relevant actions taken.

Continuous learning and improving care.
• The home had been involved in three clinical trials during the last 12 months researching health improvements for people in care homes and end of life care. This demonstrated a desire to improve care that was linked to current best practice which was evidence based.
• The performance of the service was under constant review.

Working in partnership with others.
• External health and social care professionals were extremely complimentary of the service and the care provided. One said, "I think the team have been very good, they always give time to assist you and communicate a handover. I think [name of registered manager] is a good leader."
• The registered manager networked with other nursing home managers; areas of best practice were shared.