

# Castle Mead Court Care Centre Limited

# Castlemead Court 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

Castlemead Court Care Home is a residential care home providing personal and nursing care to people in a purpose-built building. At the time of inspection 77 people were using the service. The service can accommodate up to 79 people on three floors. Each floor caters for people who have differing primary needs, for example, nursing care, residential care or people living with dementia.

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

The management team and staff had made a range of sustained improvements since the last inspection. An effective action plan had been implemented and followed through, supported at all levels of the service. People received good care. The management team were keen to promote new ideas and ways of working to support people achieve good outcomes.

People had a range of care plans in place to inform staff of their care and support needs. There were some inconsistencies within these, however, we found no negative impact upon people or the care they received. Staff had good knowledge of people and their needs.

We have made a recommendation about care and support plans in the service.

Staff understood their roles and responsibilities to safeguard people from the risk of harm and abuse. Processes were in place to support the safeguarding of people. People's risks were assessed at regular intervals or as their needs changed.

Staff were employed using safe recruitment practices. There were consistently enough staff to meet people's care needs. People's medicines were managed in a safe way and good infection control practices were followed. Robust processes were in place to learn lessons and share learnings when things went wrong.

People's needs were assessed in detail, including using evidence-based tools, prior to moving into the service and reviewed on a regular basis or as needs changed. Staff received training for their roles including specialist training to meet people's complex needs. Staff had effective and proactive working relationships with other health professionals to ensure people accessed healthcare services and support as required.

People received support from kind and compassionate staff who knew them well. Staff had a good understanding of people's needs, choices and preferences. Staff enjoyed their roles and there was good communication and teamwork which benefitted people living in the service.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care. People were treated as individuals and positive interactions were observed between people and staff throughout the inspection.

There was a complaints system in place and complaints were seen to be responded to appropriately according to the provider's policy. People, relatives and other professionals were confident any issues raised would be dealt with promptly and appropriately. Activities were varied and people were supported to take part in as much or as little as they chose. People were supported to follow their interests.

The management team continually monitored the quality of the service, identifying issues and making changes to improve care and outcomes. The registered manager worked transparently and promoted a positive and proactive culture where people were at the heart of the service. The management team sought to drive continual improvements for the benefit of people using 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 [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 26 February 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

# Castlemead Court 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. 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors 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

Castlemead Court 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 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 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and 10 relatives about their experience of the care provided. We spoke with one volunteer and 15 members of staff including the registered manager, regional head of compliance and governance, nursing, care and hostess staff, domestic staff, chef and activities co-ordinator.

We 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 also spoke with three health professionals who regularly visited the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service including quality assurance processes, accidents and incidents, complaints and compliments, training records and meeting minutes were reviewed.

# 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 this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff helped them to feel safe. One relative said, "I can sleep well knowing my [relative] is safely cared for. (Relative) is cheerful and feels safe and secure. They are happy here. They respond to a smile and kindness, they get it here. They are happier now than they were for many years before coming to live here." A person living in the service told us, "I feel very safe here, there are always plenty of people around. I have a call bell and I just press it and they [carers] come to help me."
- Staff were aware of their responsibilities and how to keep the people they cared for safe from abuse or harm. They received the relevant training and safeguarding was discussed regularly in staff meetings. Information was on display in bedrooms and throughout the building about types of abuse and action to take if abuse was suspected.
- The provider had systems in place to safeguard people from abuse. They followed local safeguarding protocols when required and followed up appropriately.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed regularly or as their needs changed. Care and risk support plans informed staff how to provide care to reduce known risks. Staff told us they had enough time to keep up to date with changes to people's needs and risks. Information was shared between staff effectively at handovers and in daily management meetings as well as weekly clinical risk meetings.
- Staff used a range of evidence-based tools to assess and monitor people's risks, for example, malnutrition, falls, skin integrity and moving and handling.
- In the event of an emergency evacuation of the building, a 'grab bag' contained Personal Emergency Evacuation Plans so information could be shared quickly and easily with emergency responders such as the Fire and Rescue Service. This meant people could be assisted to leave the building safely.

Staffing and recruitment

- There were enough staff deployed to provide people with appropriate levels of care and keep people safe throughout the day and night. We received feedback which confirmed staff levels were consistent. When people needed assistance, this was usually provided promptly, we observed this throughout the inspection and feedback also confirmed this. One relative said, "Staff are busy but do an amazing job."
- Safe recruitment practices were followed. All employees' Disclosure and Barring Service (DBS) status had been checked. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- Systems were followed for ordering, storing and disposing of medicines. People were supported to receive

medicines in the way they preferred which meant their independence was promoted. Some people managed their own medicines and this was assessed and regularly reviewed. Clear protocols were in place for medicines which were taken 'as and when required' such as paracetamol.

- Medicines were administered by nurses and staff who had received appropriate training. Competency checks were undertaken regularly to ensure staff remained up to date with best practice.
- Audits of medicines took place routinely which informed senior staff of any issues which were seen to be followed up promptly.

#### Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control. The service had an infection control champion to ensure best practice was kept up to date and followed.
- We saw staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons. People and relatives confirmed staff used PPE when necessary, for example when providing personal care.
- All areas of the home looked clean. We saw domestic staff cleaning rooms and communal areas throughout the inspection.

#### Learning lessons when things go wrong

- The management team were proactive in using information from incidents and accidents, complaints and audits to improve the service. Robust processes were in place to investigate where things went wrong and identify what lessons could be learned. These learnings were shared with the staff team to improve practice.
- Monthly falls analyses were undertaken to identify themes or trends. Accidents and incidents were appropriately recorded and regularly reviewed. This meant action could be taken to reduce the risk of similar incidents happening to the same person or to others.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

- People were involved in a detailed assessment before they moved into the service to ensure staff understood their needs and preferences.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as their religious and cultural needs.
- A variety of staff undertook champion roles within the service such as infection control, moving and handling, continence and dignity. Further champion roles were being introduced, for example, nutrition. This meant best practice could be promoted and shared by the champions to ensure care was consistently delivered in line with standards, guidance and the law.

Staff support: induction, training, skills and experience

- Staff received an induction when they joined the service and there was a programme of regular training, including refresher and specialist training. This ensured staff had the necessary skills and knowledge to meet people's complex needs.
- Staff received regular supervision and an annual appraisal to support them in their roles. Staff told us the registered manager was encouraging and supportive of their personal and professional development. Staff were encouraged to work on different floors when they started if they were unsure what type of care needs they may be best suited to support.

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

- People ate food they enjoyed. They were offered mealtime choices and we saw people were able to request dishes which were not on the menu if they preferred something else. One person told us, "The food is good, they will always make me something else if I like and I usually say, 'go on then, make me an omelette.' They are good like that. I can have a cooked breakfast if I like."
- Effective monitoring of food and fluid intake was carried out when required, and people's dietary preferences and requirements were catered for.
- We saw a range of snacks available throughout the day. Drinks were regularly offered to ensure people stayed hydrated.

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to

maintain people's health, including GPs, specialist nurses and speech and language therapists. One health professional said, "We work as a team and have a brilliant working relationship." Another told us, "Staff are very easy to work with, they are receptive to feedback, flexible, person-centred and proactive. They are keen to get it right. Uptake of any training is always very good. I just pop in when I need to, I don't even phone ahead."

- People were supported to pursue activities which promoted their health and wellbeing. For example, one person was supported to take part in a charity walk and others were supported to go out socially. A 'Tree of Wishes' in the reception area showed some activities people wanted to do such as go to the seaside, go to a country house, go on a boat. Plans were being developed to start making these wishes come true.

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

- People's rooms were personalised and contained furniture and other things that belonged to them. People and relatives spoke positively about maintenance staff who offered prompt assistance, for example, with putting pictures up or getting things fixed.
- The décor and design of each floor was appropriate for people using the service. Several areas had been recently decorated with the needs of people living in the service in mind. For example, people living with dementia tended to spend time in the communal reception area so this was re-modelled to be more like a living room with a fire place and juke box playing suitable music. There were quiet rooms on each floor which were well used.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received MCA training and demonstrated they understood the principles of the MCA. Staff supported people to make their own choices. People confirmed staff always asked their consent before providing care and we observed this throughout the inspection.
- The registered manager made DoLS applications to the local authority when it was in people's best interests to ensure their safety.
- MCA assessments were on people's care files along with evidence of best interest decisions taking place when appropriate.
- When people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives were happy with the care people received and they had formed good relationships with staff they trusted. One relative told us, "(Relative) is in the best place, we visited a few places before this one, as soon as we walked in and had a look around we knew this was the right place, they seem more confident in here, they're well looked after, nice and clean and goes to the hairdresser every week."
- People told us staff were kind and caring. One person said, "The staff are very caring, I can ask them to do anything and they will. I have been here for a while and I have always been treated with respect." Someone who regularly spent time in the service spoke very highly of the kind and compassionate care offered by staff throughout the service, "I can't praise staff enough, everything about this place is wonderful."
- Staff valued the people they cared for as individuals and enjoyed spending time with them. One person said, "They are genuinely kind, I think they get to know you as an individual and know your likes and dislikes."

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

- Care plans clearly set out how people preferred to receive their care and their regular routines. A 'Resident of the Day' scheme reviewed all aspects of a person's needs and experiences in the service on a monthly basis, involving relatives as appropriate. This meant people had regular opportunities to express their views and preferences about the care they received.
- People were encouraged to make decisions about their care. Throughout the inspection we saw staff offering people choices and options, for example, with food, drink and activities. We also saw staff respect people's decision if they wanted some quiet time or to remain in their room.
- The registered manager was keen to ensure people were able to share their views about their care. Regular resident meetings and relatives' meetings took place throughout the year to help facilitate this.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity and promoted their independence. One person said, "Staff always respect my privacy and dignity. They will knock on the door first, we have a little chat then they close my curtains and door before they wash me. The good thing is they do things at my pace, they never rush me. I like to keep my independence as much as I can, they allow me to wash the parts I can reach and they do the rest."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had separate care plans for different aspects of their needs such as wellbeing, mobility, continence and oral health and these were comprehensive and detailed. Some people had a high number of care plans and we found some gaps and inconsistencies in the information within them. For example, one care plan said a person was at risk of falls, another of their care plans said they weren't. It was difficult to keep all of the care plans up to date when people's needs changed, and staff feedback confirmed this. However, staff were knowledgeable about people's current needs and communication within the staff team was effective so we found no negative impact upon people's care. The registered manager ensured the gaps and inconsistencies were rectified during the inspection day.

- Staff told us communication and handovers were effective and spoke positively about good team work. This made a significant contribution to people receiving high quality, personalised care which met their needs.

We recommend the provider seeks best practice guidance on effective care and support planning documentation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the Accessible Information Standard. Information and documents could be made available in accessible formats, such as large print or easy read, to people using and visiting the service.

- The service had translation technology available for people and staff to use. This was beneficial for speakers of other languages who lived in, or visited, the service.

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

- Activities co-ordinators planned and delivered a programme of activities for people to enjoy and benefit from. Some people and relatives suggested there could be more activities available and others were satisfied with the programme in place. Activities were well thought out to suit people's needs and abilities.

- Various people came into the service to deliver activities on a regular basis involving, for example, music, exercise, exotic animals, arts and crafts. School children came periodically to visit the service. Specific cultural or religious activities could be arranged if needed. These all helped people remain socially involved and active.

- Staff and people were proud of their annual involvement in the local carnival, putting a lot of effort into preparing a float. The carnival parade passed the front of the service so everyone could enjoy the event each year.
- Staff considered and promoted people's individual interests where possible. For example, staff recently learned that a person living with dementia could speak French. They arranged wireless headphones and French music which the person enjoyed.
- People and relatives told us there were no restrictions on when they could visit. One person told us, "Staff are very courteous towards relatives and friends, they will offer a cup of tea if they are serving it but also encourage visitors to go and help themselves to tea and biscuits."

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and we saw complaints were addressed in accordance with the provider's policy.
- People and relatives told us they knew who to speak to if they had any complaints or concerns.
- Complaints were recorded and monitored to identify lessons learned and how the service could further improve.

#### End of life care and support

- People and their relatives were supported to make plans and discuss their preferences for end of life care if they wished. This was part of the pre-assessment and care planning process.
- Detailed end of life care plans were developed when people neared the end of their life which meant they received co-ordinated, person-centred care in accordance with their expressed wishes.

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

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

- The registered manager was committed to ensuring people received a good service and high-quality care. There was a friendly and inclusive culture throughout the service, supported at all levels.
- Everyone we talked with spoke positively about the approachability, availability and caring personality of the registered manager. One member of staff said, "I couldn't hand pick a better boss. I think she is a remarkable person, she is always there, her door is always open."
- Staff told us they were happy working at the service and felt supported by colleagues. Staff put people at the centre of everything they did and took pride in their work. One member of staff told us, "I like encouraging people to do as much as they can, I like it when they give me a smile and I feel good when relatives say thank you to me." Another member of staff said, "It's like one big family here."

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 registered manager worked in an open and inclusive way and was aware of their responsibility to keep people and relatives informed of actions taken following incidents in line with duty of candour. Records confirmed this.
- The management team supported staff to learn from incidents and ensured appropriate follow up actions were taken to reduce the risk of recurrence.
- People, relatives and staff were confident any issues raised with the manager would be dealt with promptly and appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, prompt action was taken to resolve the issue and make any required changes. The regional team were also involved in quality assurance processes which meant further opportunities for shared learning and continued improvements.
- Staff understood their roles and responsibilities to people using the service. The policies and procedures in place contained current best practice.

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

- People and staff were encouraged to contribute their views on an ongoing basis informally and through feedback surveys. A 'You Said, We Did' board was on display in reception to show actions taken when suggestions or issues had been raised.
- Resident and relatives meetings took place regularly so people could share their views. Dates were set well in advance, so everyone was aware of when they would be held.

#### Working in partnership with others

- The registered manager and staff continued to work in partnership with health and social care organisations involved in funding and monitoring care and treatment for people using the service.
- The service had good working partnerships with other professionals and organisations. One professional whose specialism was dementia said, "I have seen vast improvements in people with behaviour that challenged. The manager and staff work transparently, they are open to advice and guidance. I just pop in and always see good interaction and person-centred care."
- People were supported to use local health services and be part of their local community.