

Castletroy Care Home Limited

Castletroy Residential Home

Inspection report

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Date of inspection visit:
07 February 2022
21 February 2022

Date of publication:
14 March 2022

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

Castletroy Residential Care Home is a large, purpose-built care home. The service is registered to provide accommodation and personal care for up to 69 people. At the time of our inspection, 23 people were living at the service.

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

People told us they felt safe. Risk assessments had been completed, and enough staff were deployed to meet the needs of people. Medication was administered as prescribed; staff had received training and had been assessed as competent. The registered manager had systems in place to monitor incidents and accidents. Lessons learnt were shared with staff to prevent a reoccurrence where possible.

People were supported by skilled and knowledgeable staff; this meant their needs were met effectively. Care plans were in place for people, these identified physical, emotional and social needs, and guided staff. Staff knew people's dietary and healthcare requirements. Staff requested advice, guidance and reviews from healthcare professionals as required.

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.

Staff were caring, kind and supportive to people. People's independence was promoted with the provision of choice, support and gentle encouragement. The privacy and dignity of people was promoted in practice, and discreet communication took place when needed.

People were involved in their care, and information was provided in an accessible way. People had activities available to them, on both a group and one to one basis. Staff supported people to maintain contact with those important to them. Staff were passionate about providing quality care throughout life, and provided comfort, and compassionate care, to people at the end of their lives.

The care home was managed well by the registered manager and management team. Staff told us they had good support and leadership. The provider's systems allowed them to monitor the quality of the service and drive continuous improvements.

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 (inspection undertaken 10 April 2019, inspection report published 03 June 2019). There was one breach of regulation. The provider completed an action plan following this comprehensive inspection to show us what they would do and by when to improve.

On 03 February 2021 we completed a targeted inspection to ensure the service had made the necessary improvements (inspection report published 16 February 2021). The targeted inspection looked only at specific areas relating to the breach, and therefore, a new rating was not generated. We found improvements had been made during the February 2021 inspection, and the provider was no longer in breach of the regulation.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 ●

Castletroy Residential 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Castletroy Residential Home 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. Castletroy Residential Home is a care home without nursing care. 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.

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 six people who used the service about their experience of the care provided. We spoke with 12 members of staff including the provider, the registered manager, the care team manager, the facilities manager, one team leader, carers, an activities co-ordinator, kitchen staff, domestic staff and the administrator.

We reviewed a range of records at the service. This included recruitment documentation for two staff, multiple medication records, and records relating to the oversight of vaccination requirements for staff. Furthermore, we reviewed some care documentation for people. We asked the registered manager to send us a range of records so we could review these away from the care home. Records included care plans, risk assessments, medication records and staff training and supervision documentation. Additionally, we requested some policies, the provider's statement of purpose and other records relating to the management and oversight of the service.

After the inspection

Following the visit, the inspection continued, and we reviewed the records which were sent to us. We spoke with seven relatives and received written feedback from one relative. We spoke with eight members of staff which included carers, senior carers and a cook. We held a virtual call with the registered manager and care team manager to gain further insight into the service. We also received feedback from four healthcare professionals who visit the care home. Further clarification was sought from the registered manager so we could confirm the accuracy of the records.

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.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to reduce the risk of harm to people. Staff had completed safeguarding training and told us they were confident to raise concerns, should they arise.
- Staff unanimously said they had confidence their concerns would be listened to and acted upon by the management team. Furthermore, staff told us should they ever feel their concerns were not listened to, there were other reporting options, such as the local authority, CQC or the police.
- People told us they felt safe in their surroundings, and we observed positive approach and communication from staff. One person told us, "I can talk to them [staff] if I am ever worried about anything." Relatives said they felt their family member was safe and cared for by staff.

Assessing risk, safety monitoring and management

- Risks to people had been appropriately assessed and reviewed. Records evidenced actions taken by staff to keep people safe and support their individual needs.
- Staff told us they could access the electronic care planning system with ease. This allowed them to be aware of risks to people, and follow the risk reducing measures in place.
- Relatives were informed if their family member had an incident, accident or review. One relative told us, "The communication is brilliant, I know what is happening and what is being done."

Staffing and recruitment

- The registered manager followed safe recruitment procedures. Prospective new staff were required to undertake specific recruitment checks prior to employment.
- Pre-employment checks included past employment references, and a check 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.
- Sufficient staffing levels were deployed at the care home. The registered manager told us staffing levels were reviewed and reflected the individual assessments of people. We saw evidence staffing level reviews took place.

Using medicines safely

- Medications were managed and administered safely. Where shortfalls were identified, the registered manager took immediate action, and sought additional training or support where required.
- Regular medication audits took place at the care home. Audits included the review of medication administration records, medication system audits, boxed medication counts and review of topical medications.

- Staff who administered medications undertook appropriate medication training, and staff competencies were completed following this. One staff member told us, "We have training, and then we have regular competencies. It is important that we work safely with medication."

Preventing and controlling infection

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

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The registered manager demonstrated their commitment to review, analyse and maintain oversight of incidents, accidents and occurrences at the care home. By doing so, they challenged their systems and practices to establish where improvements could be made, and lessons were learnt.
- The registered manager evidenced where they had previously identified a shortfall in communication with relatives. Systems were put into place, and relatives told us they had received effective communication from staff regarding their family member.
- Staff told us they received good communication regarding any incidents or accidents, and opportunities to discuss these included during staff handover and team meetings.

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.

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

- Care plans and risk assessments were in place for people. Records contained clear information relating to people's medical history, current health and support needs, their likes, dislikes and preferences.
- People were included in their care. One person told us, "They [staff] ask me what I want, they include me, I feel part of my care." Relatives said they had shared important life history, and likes and dislikes of their family member, where appropriate.

Staff support: induction, training, skills and experience

- Staff received training when they first started working at the service, or if they progressed into a new role. Training was updated as necessary, and ongoing training opportunities were available to staff. Regular supervisions and annual appraisals took place.
- Records evidenced a structured programme of introduction to job role, working safely, and the providers procedures. Staff said they had opportunities to undertake vocational qualifications, and courses of interest, to further support the needs of people.
- One staff member told us, "I worked with a senior member of staff, and I shadowed them for three days. It gave me confidence. I had opportunities to have meetings and had good support throughout my induction."

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

- People were supported by staff to have a good fluid and dietary intake, which was based on the person's needs. Food and fluid intake records were completed, if required, and fortified options were available.
- People's dietary needs were detailed within their care plans and shared with kitchen staff. Preference sheets were in place for each person, and meal options were available. We saw people had sandwiches, biscuits, cakes and other choices available throughout the day and night, in addition to meals.
- We observed the mealtime experience at Castletroy Residential Home, and it was inclusive. People received support and gentle encouragement with eating and drinking from staff, and feedback on food provision was sought.

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

- The registered manager had effective systems to ensure reviews and assessments took place for people. Healthcare professionals told us they had received appropriate referrals, and their input and reviews were welcomed and acted upon.

- People were supported to access specific services, such as audiology, opticians and dentistry as required.
- Healthcare professionals told us that the provider was proactive in accessing training, which was available to staff. This included training related to falls, speech and language and dietary needs.

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

- The environment was well maintained and decorated. The registered manager told us of plans to enhance the external areas of the care home.
- People had personalised items available, and relatives told us they were encouraged to personalise their family members bedroom.

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

- The registered manager had robust systems and processes in place to ensure DoLS authorisations were applied for, monitored and reviewed. This meant people were kept safe.
- Staff had received training to ensure their understanding of the MCA and DoLS. Staff told us about the principles of the MCA and how they applied these in practice.
- Staff had knowledge of the authorisations in place for people, and one staff member told us, "We work in the best interests of our residents, and offer care and support in the least restrictive way. We continue to offer choices surrounding meals, what people want to wear, how they want to receive their care, we include them in everything."

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; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and kindness, and staff interacted with people in a person-centred way. Staff encouraged and supported people with independence, whilst promoting their privacy and dignity.
- We observed many examples of positive interaction between staff and people. One person ate more of their meal due to gentle and positive verbal encouragement from staff. Following their meal, the person told staff they did not realise how hungry they had been. Another person received a personalised communication approach due to a sensory impairment; staff ensured they were close to the person, and at their own eye level whilst speaking clearly. We observed this communication was effective and met the needs of the person.
- People told us they felt their care was provided in a dignified manner. We saw staff approach people with sensitivity; and discretion was used when it was needed. People were addressed by staff using their preferred name.
- Relatives said they found staff were caring and supportive of their family member. One relative told us, "Nothing is too much trouble for them [staff]. They treat my [family member] with a lot of dignity." Another relative told us, "They [staff] always engage very well with [family member] and always seem very kind."

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

- Staff knew people well, and told us how they adapted their communication to promote positive engagement with people. Through observation, we saw staff encourage people to make their own decisions and choices.
- People told us they were involved in making decisions about their care. One person told us, "They [staff] have told me they want me to be involved in my care, and said I should not be afraid to tell them, at any time, how I want things done."
- Staff said they got to know people by asking about their lives, experiences and preferences. Furthermore, they said the admission process included gaining as much information about the person, their wishes, and preferences, as possible.

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 care which was tailored to their own needs. Detailed person-centred care plans had been developed which enabled staff to support people in a personalised way.
- Relatives told us staff communicated with them in relation to care reviews, and their family members changing needs. Some relatives told us they would welcome additional formal updates. However, also commented the pandemic had affected some planned reviews which had been arranged. We fed this back to the registered manager for their knowledge.
- Care plans were updated by staff if people's needs changed, and not only when completing a planned review. This ensured staff had current information.

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.

- Within the care home, signage was in place to help people understand where they were, and to assist them with finding specific areas. Personalised bedroom door decorations were in place which helped people with orientation.
- The registered manager told us they would adapt information, for people, to meet their individual communication needs. Staff said they had previously used picture boards to aid communication with people.
- Various information boards were on display. These included, activities information, a staff photograph board, and an orientation board to display the day, date and weather.

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

- A range of activities were available at the care home, and two activities co-ordinators were employed. We observed people taking part in activities, and meaningful support and encouragement was provided by staff.
- People were engaged, and participating in, an 'in-house' church service at the time of inspection. During the pandemic, visits from ministers of faith reduced, staff responded to people's wishes and introduced weekly services. The service included traditional hymns, and people were supported to read materials of faith, if they wished.

- One to one activities took place in addition to group activities. Where people's care plans specified the person wished to have their TV or radio on their bedroom, this was offered and provided. One person told us, "Something is always going on, we have a lot to do." We observed people were assisted to have virtual calls with their relatives during the inspection. Relatives said staff regularly sent them photographs of their family member, and this meant a lot to them between visits.

Improving care quality in response to complaints or concerns

- The registered manager reviewed complaints in line with the provider's procedure. Records evidenced investigations took place, and lessons were learnt where required.
- People told us they would speak with staff if they were unhappy or worried. Relatives said they knew how to raise a complaint or concern and would contact the management team.

End of life care and support

- The providers procedures ensured a holistic approach to care and support when people were at the end of their life. The registered manager told us staff were enrolled on end of life care training, which would be delivered by the local community hospice.
- At the time of inspection, end of life care and support was being provided to one person. The staff worked closely with community nurses, the GP, and the person's relative. This ensured the needs of the person, and their best interests, were regularly reviewed.

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.

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

- The registered manager, and staff team, had worked hard to make ongoing improvements at the care home. They told us they were committed to providing a standard of care they would want for their own relatives.
- Staff competencies were undertaken by the management team, to review the care experience of people. These reviewed the person's experience, staff engagement and person-centred care.
- Staff and relatives told us they felt able to approach the management team. Four relatives reflected on their family's experience of using other care services. Three of these relatives said their family member experienced care at Castletroy Residential Home which had exceeded their expectations.

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 was aware of their responsibility to inform and apologise to people, relatives and staff if things went wrong.
- The registered manager reported notifiable events to the CQC, when required, and maintained records of notifiable events. We saw oversight and analysis records which drove effective change.

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

- Systems were in place to monitor the quality and standards of care provided to people. The provider's procedures included a range of audits and checks, and the outcomes of these were reviewed with action taken.
- Staff told us the management team were approachable and responsive to their communication and requests. One staff member told us, "[Registered manager] is approachable, reliable and will help us."
- One relative said, "I can't say enough about [care team manager]. Given the tremendous challenges they have faced with the pandemic this past two years. I think they have done extremely well, and I would commend [registered manager] there as well."

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

- Systems were in place to engage, involve and communicate with people, staff and relatives about the service.

- The registered manager said the pandemic had impacted upon their quality assurance processes, but had planned to seek formal feedback from stakeholders. A low uptake had been noted during a previous process, however, some relatives said they had been approached to provide feedback. Relatives told us their opinions were sought on an ongoing basis.
- Staff told us regular meetings took place, and they were able to share experiences and make suggestions.

Continuous learning and improving care; Working in partnership with others

- There were systems and action plans in place to support the review and improvement of care. The service worked with organisations to ensure people received the care, support and treatment they needed.
- The registered manager was committed to participate in new safety initiatives, which were piloted in the local area through health authorities. The registered manager told us, whilst systems entailed a period of training and adaptation, it was worth it to promote safety.
- The registered manager had recently implemented a new clinical system within the care home, with support from healthcare professionals. This would allow people to receive prompt clinical assessment should their health decline, or where staff are concerned for their well-being.
- Health professionals said the management were proactive in the arrangement of referrals. Furthermore, they said preliminary action was taken to increase safety for people, and staff followed their advice following assessment. The registered manager actively participated in their local provider networking and multidisciplinary team meetings.
- The management team welcomed our inspection and provided us with all the information and records we requested. The registered manager evidenced a commitment to review and drive continuous improvements in care, for the people at Castletroy Residential Home.