

Key inspection report

Care homes for older people

Name:	Castle Grange
Address:	Ing Lane Newsome Huddersfield HD4 6LJ

The quality rating for this care home is:	three star excellent service
--	------------------------------

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Gillian Walsh	1 5 0 3 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	© Care Quality Commission 2010 This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Castle Grange
Address:	Ing Lane Newsome Huddersfield HD4 6LJ
Telephone number:	01484223439
Fax number:	01484223440
Email address:	anne.ashton@kirklees.gov.uk
Provider web address:	www.kirklees.gov.uk

Name of registered provider(s):	Kirklees MC
Name of registered manager (if applicable)	
Miss Sarah Nunns	
Type of registration:	care home
Number of places registered:	40

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	40	40

Additional conditions:	
Can only admit service users over the age of 55 years.	

Date of last inspection									
-------------------------	--	--	--	--	--	--	--	--	--

Brief description of the care home

Castle Grange was registered with in May 2006. It is a purpose built, two storey property providing single bedroom accommodation, all of which have en suite shower, toilet and hand-washing facilities. The home is situated in the Newsome area of Huddersfield, close to local shops, public houses, post office and public transport. Castle Grange provides personal care accommodation for up to forty people who are living with dementia. Thirty places are provided for long-term care. Ten places for respite care are situated on the upper floor of the home. A passenger lift and stairs link the ground and upper floors. Accommodation is provided in four, ten bedded suites. Each suite has a kitchenette, open plan dining and lounge areas and assisted bathing and toilet facilities. The activities/meeting room on the first floor has enclosed hairdressing facilities. A separate smokers' lounge is available with extractor fans

Brief description of the care home

fitted. There is secure outdoor space accessible to those in wheelchairs or with other mobility difficulties. A loop system is available in the lounges and reception area to assist people with hearing impairment. The Care Quality Commission was informed on 15 March 2010 that the fees were £562.32 per week. Additional charges include hairdressing, personal clothing, toiletries, transport, chiropody and optician and dentist, if not free. Information about the home and the services provided are available from the home in the statement of purpose and service user's guide, together with the latest copy of the Care Quality Commission report.

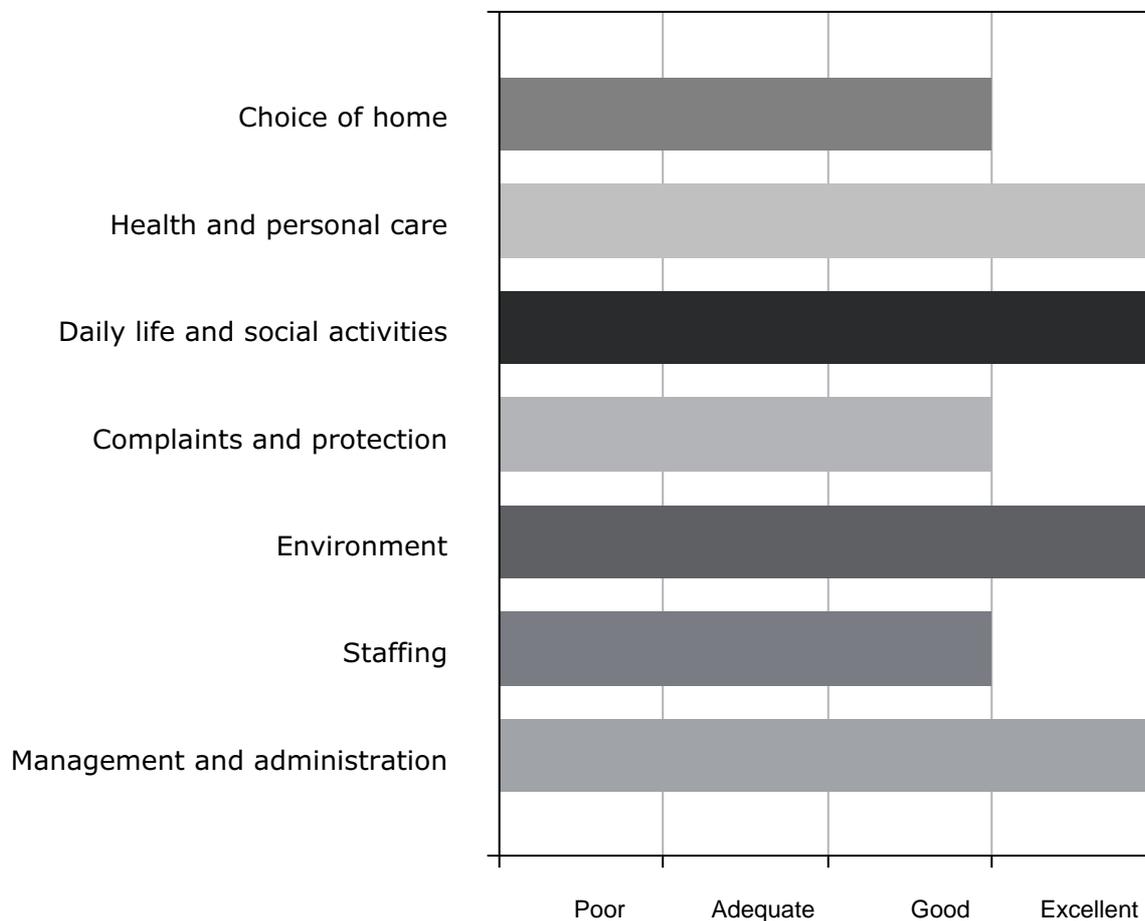
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This inspection was carried out to assess the quality of care and support people who live at the home are receiving.

Before our visit we sent an Annual Quality Assurance Assessment (AQAA) to the home so that they could tell us how they are doing, any problems they may be having and any plans they have for development. The AQAA also provides us with some numerical information about the home. The manager completed the AQAA to a high standard and returned it to us within timescales.

We also sent some surveys to people who live at the home, their relatives and some staff who work at the home. This gives people the opportunity to tell us how they think the home is doing. We shared the information in the surveys with the manager without saying who has provided it.

During our visit we spoke to people who live at the home, the manager and other staff. We also had a look around the home and checked some documentation and records.

What the care home does well:

The home is for people living with dementia and staff work very hard to make sure that they keep up with research and current practice to provide people with the most appropriate care and environment to meet their needs.

These are some of the things people who live at the home told us:

"Treated perfectly"

"A smile on their face"

"Staff are friendly and make us smile"

"I don't feel I need to worry about anything"

"I like my room and can use it when I want. I breakfast in bed and lie in in bed"

"We have fun, we have had ice cream cones and all sorts"

These are some of the things that relatives told us:

"Give quality time, care and affection"

"My mum is happier now than she has been for many years"

"The care my husband received especially during his illness was excellent. He was treated with kindness, competence, respect and imagination"

"Protected mealtimes try to make mealtimes a relaxed time with as few distractions as possible"

"The atmosphere is always warm and welcoming, the food is excellent"

"Doing the job it was set up for very well"

"Feel very lucky to have Mum in Castle Grange where she is happy, safe environment"

Staff told us that they feel supported and well trained and give their best to the home.

What has improved since the last inspection?

The home has continued to develop in line with recent research and best practice.

What they could do better:

There were no areas identified during the inspection as needing improvement. However the manager is committed to further development and improvement wherever possible.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People only come to stay or live at the home when a thorough assessment procedure has been completed and confirms that it is the right place for them and that their needs will be met there.

The home does not provide intermediate care.

Evidence:

The manager said that the majority of people who come to live at Castle Grange initially come to the home on a short stay or respite basis.

Before any new person comes to stay or live at the home, a copy of their recent community care assessment is obtained and the persons needs are discussed with people previously involved in their care. This is to make sure that the home is the right environment for the person and that the staff in the home will have the skills needed to meet the persons needs.

Evidence:

The manager said that, wherever possible, staff from the home who will be directly involved in the persons care will go out to meet them and make an assessment of their needs before they come to the home.

The assessment documentation for one person recently admitted to the home was seen. The assessment appeared to give the staff the information they would need to make a decision about whether they would be able to meet the persons needs.

The manager said in the AQAA that a letter is sent to the person wishing to come to the home to confirm their stay and they are also provided with an information pack about the home. People and their families are also actively encouraged to visit the home before they make a decision to move in.

On admission a care plan is developed with, wherever possible, input from the person's family and other carers.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live at the home receive excellent care and support to make sure that their health and care needs are met.

Evidence:

Each person living at the home has a care file which includes support plans, acute need support plans, risk assessments and other information relating to the individual and their needs. The care file also details the key worker, team leader and care co-ordinator who will be supporting the individual. We selected four care files to review during our visit to the home.

Included in the care file is a detailed personal history profile. This is very important as the person may not be able to give this information themselves and provides staff with a picture of the individual and what their lives were like before they came to the home.

The support plans are very personal to the individual and this is helped by the plans being written in the first person and therefore from the individuals point of view. For

Evidence:

example the plan would read "I need staff to remind me to"

Each area of the individual's daily living needs within their chosen daily routine are detailed in the support plan and give staff all the information they need to assist in making sure that the persons needs are met in the way they prefer.

Where needed there are also acute or short term support plans to inform staff about how to manage any condition or illness which may affect the individuals usual daily life. For example an acute support plan had been developed for a person with diabetes.

Support plans are developed and reviewed by the individual's key worker working with the individual and their family. To make sure that all staff involved in the person's care agree with and understand the support plan plan, each plan is reviewed by relevant staff every two months and audited by the team leader each month.

To make sure that people are safe, wherever there is a risk to a person's health and well being, a risk assessment is developed. Examples of this were risk assessments for falls, diet and weight and skin integrity.

To maintain and support the health of the people who live at the home, each person is registered with local GP's and a local dentist. The GP holds a weekly surgery at the home and can also be called in an emergency. A dentist also visits but if people prefer they can visit the dental surgery rather than be seen at the home. The manager said in the AQAA that that people's mental health needs are met through the involvement of the care homes liaison team.

The manager said that the home is currently working with health colleagues toward the Gold Award in end of life care.

During the visit we saw staff demonstrate interest and affection in all their interactions with people and spoke in a way which demonstrated that they have regard to maintaining their dignity. An example of this is when people were offered a wet wipe to "freshen your hands and face" after a meal rather than being told that they had spilled and needed to clean up.

It was evident that staff also consider people's dignity when they support them in their personal care. All of the people living at the home appeared clean, smartly dressed and well groomed. There are also several systems in the home that are maintained to make sure that people have purpose in their actions. For example, there are areas

Evidence:

along corridors where people will stop and interact with things provided for them such as hats, bags, pictures and books. This means that people do not appear to be 'wandering' but when walking around are going to look at or do something.

Several of the relatives who responded to our surveys described the care at the home as "excellent".

We looked at systems for the ordering, storage and administration of medication in the home. We saw that good and safe practice is maintained.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live at the home receive excellent support in meeting and making choices within their daily life and social activity needs. Mealtimes are a pleasurable experience for people and they thoroughly enjoy the food provided.

Evidence:

The manager said that the home employs an activities person on a part time basis but care staff have dedicated time everyday to support people in meeting their social and leisure needs.

We saw from people's support plans that their interests and hobbies are considered and wherever possible they are given support to continue with them. Examples of this were where people had been supported to retain contact with clubs they had previously been involved with and where people are supported to continue with hobbies such as baking within the home.

Name plates on people's bedroom doors had been personalised to reflect a little about the person. For example the name plate might say the persons name followed by a picture of them engaging in a hobby such as baking.

Evidence:

During the visit we saw people engaging in meaningful activities such as polishing shoes and reading. We also saw a group of ladies laughing together as they tried on wigs.

The manager explained that each of the four units concentrates on topics at certain times of the year. For example one unit had concentrated on Valentine's day and another on Easter. We also saw that a recent project had looked at which schools people had been to and pictures of their schools had been obtained.

The manager said that the home has various volunteers who come to support them and on the day of the visit one of the volunteers had come to play dominoes with people.

An activities programme is available so that people know what is going on and when. People who live at the home told us that they are supported to follow their own routines and make choices about their lives.

The local library deliver books on a regular basis and some of the staff are reading champions to support people in looking at and reading books.

The home has developed a selection of activity boxes to provide staff with ideas for delivering activities and providing them with equipment for the activity. They are currently in the process of developing a box for each person which contains favourite pictures and items about their life and interests.

These are very positive activities for people living with dementia as they help to remind people about their individuality and their lives.

Further examples of ways in which the home provides people with excellent outcomes in their leisure and social activities include the development of links with a local primary school for whom the residents of Castle Grange have recently judged an art exhibition. It is also planned that some of the people living at the home, who are able, will go to the school to talk to the pupils about living with dementia.

A hairdresser and an aromatherapist visit the home weekly and their visits are incorporated into a coffee morning so that people can enjoy a coffee and a chat whilst they have their treatments.

People who live at the home said in their surveys that they have "fun" at the home, that they can "do things when I want".

Evidence:

The home has protected mealtimes so that people have peace and privacy when eating. We saw the lunchtime meal on one unit. People were supported sensitively by staff who ate with the people who live at the home. When one person did not appear to be enjoying their meal, they were supported by staff to have a look in the small unit kitchen to see if there was something they fancied such as soup, toast or a sandwich. During the meal staff engaged all of the people in general conversation making the meal time into a pleasurable social event.

Again the language used by staff gave a feeling of homeliness and engagement, for example at the end of the meal one staff member said "shall we put the kettle on and get the biscuits out?"

The manager said that the home works closely with a dietitian and that some members of the care staff have been identified as 'food champions' to look carefully at the dietary requirements of people living at the home.

People who live at the home said that the food is very good and that they have lots of choice. Relatives who responded in surveys also said that the food is very good.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are protected by staff who know what to do if people are unsafe or unhappy.

Evidence:

The manager told us in the AQAA that they have a robust complaints system which "responds comprehensively to issues raised within a timescale" the AQAA said "We actively promote the awareness of the complaints procedure and advertise the process strongly in various locations"

People who responded to our surveys told us that would know what to do if they had any complaints or concerns.

The manager told us about a complaint the home had received from a relating to a person who had to come to the home in an emergency for short term care. Whilst the majority of the complaint was largely unfounded, the manager and staff very positively learned from the issues raised, and put together an information pack for people who come to the home in similar circumstances.

The manager told us in the AQAA that staff have received training in safeguarding and the implications of the Mental Capacity Act and Deprivation of Liberties. The staff training records we saw confirmed this.

We spoke to staff who were confident in their understanding of adult protection and

Evidence:

safeguarding issues.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provides people with a very comfortable and suitable environment which they can enjoy and be safe.

Evidence:

During the visit to the home we looked around all the communal areas and some of the bedrooms.

The communal areas were very clean and tidy and provide people with a homely and very comfortable place to live.

The manager explained that they consider research into how the environment can be decorated and furnished to help people who are living with dementia. They are currently trialling such things as using a certain colour for toilet seats, doors to areas where only staff have access and crockery. The manager explained that dementia mapping is being used to see if these changes help people with their orientation and recognition.

All of the four units has it's own lounge and dining areas and a small kitchen where people who live at the home can be supported to make themselves snacks and drinks or do a little of their personal washing in the machine provided.

Evidence:

Bedrooms are of a good size and have en-suite facilities. One lady very proudly showed us her room which staff and family had supported her to make into a comfortable and homely room furnished with personal photographs and knick-knacks.

A sun room leading onto the garden has recently developed and one room has been made into a very authentic looking pub complete with bar, pub furniture, bar billiards and piano. This room is used for social events and family parties.

Areas of interest have been developed along corridors for people to stop and look at or engage in as they walk around.

The manager said that the garden is also being developed to include some raised beds.

Some people told us in surveys that there have been problems with the laundry service in the home but that this is improving. We saw that another washing machine is now in place and the manager confirmed that new procedures have been adopted to make sure the service continues to improve.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported by a caring team of staff who have been properly recruited and trained to do their jobs.

Evidence:

The manager said that they have some staff vacancies at the moment but are successfully recruiting into them.

Our observations and what people told us in surveys confirms that there are enough staff available to people to make sure that they have their needs met.

Staff receive good induction training when they start work at the home. This makes sure that they know how to do their jobs properly.

We saw that staff receive regular training updates in line with their personal development plans. One member of staff told us that if they need training in a certain area, the manager will make sure that get it.

The manager told us in the AQAA that the training programme "is set to ensure that it fulfills the needs of both staff and service users (dementia training programme, dignity champions) in line to meet changing needs of service users".

Evidence:

Four of the current staff team hold the National Vocational Qualification in Care. The manager told us in the AQAA that training will continue until all staff have achieved the award.

We saw from staff files that good recruitment practices are in place to make sure that people employed at the home are appropriate to work with vulnerable people. This means that people are not put at risk.

Our observations on the day were that staff are kind and respectful and have a genuine interest in and fondness for the people who live at the home.

People told in surveys that they "have fun" with staff, that they are "treated perfectly" by "lovely staff" and that staff have "a smile on their face".

Relatives told us that staff deliver "excellent care", "maintain the dignity of the client" and "each client is treated with the utmost respect and care".

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well managed with the needs and safety of the people who live there being pivotal to all management systems.

Evidence:

The registered manager is qualified, experienced and enthusiastic. There are clear lines of accountability and there is a good management team at the home who all have their own specific areas of responsibility. They are continually looking at ways to improve what they do to make sure people receive the very best service they can offer.

Relatives told us in surveys that they are consulted about the care of their relative and feel included in the home. One person said "A wonderfully managed home" The home looks after small amounts of cash on behalf of people who live at the home. We checked the systems for this and found that the accounting was safe and correct.

There is a written Health and Safety policy. Staff receive moving and handling, health

Evidence:

and safety, food hygiene, fire safety, first aid and infection control training. In the AQAA the manager told us that all of the necessary servicing and testing of equipment are all up to date. This means that people living and working in the home are safe. The manager told us in the AQAA that the home has "a low record" of accidents.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.