Castle House Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection was unannounced and took place on 25 November 2016.

Castle House Nursing Home is registered to provide accommodation and nursing care and is situated in rural surroundings at the edge of a village. The home specialises in the care of older people including people living with dementia.

The home now has 47 beds, comprising of 46 single rooms and 1 double room. 18 of the bedrooms have en-suite private wet-rooms and all the others have en-suite facilities. The house was extended in 2016 providing new bedrooms and communal facilities. The new accommodation has been completed to a very high standard.

The last inspection of the home was carried out in January 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager of Castle House Nursing Home is also the registered provider. They are resident on the site of the home and family members are also registered providers and contribute to the running of the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback from people about all aspects of the service was very positive. One person said "I have been here a while. I am doing fine. It is very pleasant." A relative said "Staff are incredibly warm and patient. Care is very, very good." A doctor who visited the home regularly said "It is fabulous. There is not a bad word I can say about the place. I would live here myself."

The staff morale at the home was high which led to a happy relaxed place for people to live. Staff were proud to work for the Castle House Nursing home and had great respect for the people they cared for.

The was an excellent activities programme and ad hoc activities offered people entertainment and ensured they received social stimulation and companionship when they wanted it. Activities were arranged in accordance with people's interests and abilities and were continually reviewed and developed.

The building was designed and maintained to promote people's independence. There was a range of social and quiet spaces. The newly completed environment had been completed to a very high standard to promote people's well-being and comfort. There was access to garden areas with innovative design to keep people safe.

There were sufficient numbers of well trained and experienced staff to support people safely and ensure

they were not rushed with their care. The training staff received enabled them to deliver excellent care which promoted people's health and well- being. Staff told us there was good team work and support from senior staff and management.

People's nutritional needs were assessed and met and mealtimes were considered important social occasions. The variety of food offered and the attention to the quality of food provided people with a hotel standard provision. Where people were identified as requiring support and encouragement to have a good diet skilled staff were readily available.

People received effective care and treatment which took account of their preferences and needs. Care plans gave staff clear information about how people wished to be supported. This enabled staff to provide very individualised care to people.

People and/or their representatives felt involved in all aspects of their care and support. There were systems in place to make sure people had an active voice in the running of the home.

People told us they would be comfortable to make a complaint and were confident any concerns would be listened to. The registered manager told us they valued feedback from people and used it to continually improve the service offered.

People's health needs were monitored and changes were made to people's care in response to any changes in their needs

People felt safe at the home and with the staff who supported them. A robust recruitment procedure for new staff and staff training on how to recognise and report abuse minimised the risks of abuse to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff to ensure people's safety and provide care in an unhurried manner.

Risks of abuse to people were minimised by a robust recruitment procedure.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Is the service effective?

Good

The service was very effective.

People were supported to have enough to eat and drink and high importance was placed on ensuring people had pleasant meal time experiences.

The environment was designed to enable people to maintain their independence. New areas of the home had been built and equipped to the highest standard to promote people's comfort and well-being.

People were cared for by skilled, knowledgeable staff who received comprehensive training which was relevant to their roles.

People had access to a range of health care professionals. The service ensured people's health needs were met through prompt and appropriate actions.

Is the service caring?

Good

People were supported by staff who were kind and caring. Staff knew people well and took every opportunity to interact with them in a positive and life- enhancing manner.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People were able to see visitors at any time and family and friends were always made welcome.

Is the service responsive?

Outstanding ☆

The service was responsive.

People were able to make choices about all aspects of their daily lives.

There was a comprehensive and varied programme of activities and social events meaning people were well occupied and stimulated.

People felt comfortable to make a complaint and there was a variety of ways for people to make suggestions and share ideas.

Is the service well-led?

Outstanding ☆

The service was very well led.

People received the highest standards of care because the registered manager/provider was totally committed to ensuring best practice in all
aspects of service delivery.

People lived in a home which was effectively managed by an open and approachable management team.

High staff morale led to a happy and relaxed place for people to live.

The provider had innovative and effective systems in place to make sure people were cared for in accordance with up to date good practice guidelines and legislation.

Castle House Nursing Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 November 2016 and was unannounced. It was carried out by an adult social care inspector.

The provider had not been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we held about the service. This included recent information collected by registration inspectors when the extension of the home was completed and additional information sent to us by the registered manager. At our last inspection of the service in July 2014 we did not identify any concerns with the care provided to people.
During the inspection we spoke with 10 people who lived at the home and saw others in the communal sitting room and dining room. We spoke with three visitors and a doctor. We spoke with eight members of staff which included registered nurses, care staff and ancillary staff. The registered manager was available throughout the inspection. Some people who lived at the home were unable to verbally express their views to us, we therefore observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, three staff personal files and records relating to quality assurance.

Good

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us "Of course I am safe. We are so well cared for all the time." Another person said "I have been here a while. I am doing fine. It is very pleasant. Safe? Of course." People who were unable to verbally express their views to us were very comfortable and relaxed with the staff who supported them. In the dining room and sitting room there was a happy atmosphere with people interacting with staff by chatting, laughing and seeking physical reassurance and comfort.

People said there were enough staff to meet their needs. At the time of the inspection the staffing of the home was particularly generous. Following the building of the new extension the home had increased bed numbers to 45. There were 28 people living in the home on the day of the inspection. The registered manager had recruited nursing, care and housekeeping staff to care for the additional people although there were still some vacant rooms. The manager said it was important to have staff in post and trained before the full complement of people were admitted. This meant all staff got to know people already living in the home and learnt to work as a team before the home was fully occupied.

The staffing levels and commitment of staff meant people did not wait for long when they required assistance. In communal areas there was enough staff to make sure people received individual attention and were provided with on-going social stimulation. People were observed by staff and were offered assistance sometimes before they requested it. Staff approached people and discreetly and asked if they wanted assistance. People said when they rang their call bells staff were very quick to respond and assist them. One person said "If you ring your bell, they are here and always seem very happy to help you out."

One new member of the housekeeping staff said "Everywhere is beautiful. Staff are good to work with. It is a real pleasure to be here." One person said "There are plenty of staff. They never rush you with anything." All staff spoken with thought they had enough staff to support people with all their needs.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff told us they had been unable to start work until all checks had had been carried out. Records and systems in place confirmed this.

To further reduce the risks of abuse all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "I could talk to any senior staff if I saw anything or had any concerns. [Registered manager's name] wants to know everything. Everything. They won't leave a stone unturned. It would be sorted. But I have never seen anything that worries me. Quite the opposite. " Another member of staff said "I've never seen or heard anything that worried me but If I did I would go straight to

[registered manager's name] I know they would listen and do something."

Risk assessments were carried out which identified risks and the control measures in place to minimise risk. There were general and very specific risk assessments in place. For example during the admission process one person was identified as having a severe allergy to cats. Another person had their elderly cat living with them in the home. When the risk was identified simple but effective control mechanisms were put in place that kept the person safe and caused minimal disruption to the living arrangements of the other person and their pet. The balance between people's safety and their freedom was well managed. People were encouraged to be as independent as possible, to use the grounds of the home and to go out with their families.

Assessments were carried out to make sure people received care safely and any risks to their health and welfare were minimised. For example where people were assessed as being at high risk of pressure damage to their skin appropriate pressure relieving equipment and care practices were put in place to minimise the risk of them developing pressure sores. One person said "I slip down and can't get comfortable. But they come over and get me right. They move me about so I am comfortable." Another person had got up but felt their sacrum was sore. They were promptly assisted by staff, rested for longer on their bed during the morning and came back to the dining room at lunch time feeling "much better."

Staff were well trained and moved people safely and with regard to their comfort and dignity. One member of staff explained the process of on-going assessment that ensured people were assisted to move safely using other equipment such as hoists and wheelchairs.

All accidents which occurred in the home were recorded and analysed to look for trends and ways to minimise further risks to people.

People's medicines were administered by registered nurses and staff who had received specific training and supervision to carry out the task. All staff who administered medicines had their competency assessed on an annual basis to make sure their practice was safe. We observed staff administering medicines competently and safely.

The home kept accurate recordings to show when medicines, including controlled drugs, had been administered or refused. This meant there was a clear audit trail which allowed the effectiveness of medication to be monitored. There were efficient systems for ordering medicines including medicines which were needed between regular monthly orders. Staff were pro-active at accessing medicines when they had been prescribed at short notice. For example, staff were happy to drive to pharmacies to collect prescriptions so people could begin taking them as soon as possible. This helped to prevent further deterioration in health and avoided some hospital admissions and made sure people always had access to their prescribed medicines in a timely manner.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were prescribed these medicines staff recognised signs and symptoms and talked to the person to ensure they were given when needed. Nurses wore tabards to indicate they should not be disturbed whilst giving out medicines and gave people their full attention when administering their medicines. Records in care plans showed GP's reviewed medicines regularly.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The new extension included a treatment room that was kept locked when not in use, using a coded lock. Within the treatment room there was a sink, medication trolley, medication

locker on the wall and storage for gloves and aprons. A monthly medication audit was completed by the deputy manager and nursing team. When any issues were discovered, which was rare, these were quickly identified, investigated, and actions taken to prevent recurrence. The outcome was fed back to the staff team to ensure lessons were learnt.
Plans were in place to implement an electronic medication recording system. Staff had received initial training in the new system.

The home had its own defibrillator and had trained staff on duty at all times who could administer appropriate first aid in the event of a cardiac emergency.

Good

Is the service effective?

Our findings

People's support and care needs were met in a very positive and effective way, based on best practice. To do this, staff received a lot of training that supported them to have the knowledge and skills required to carry out their roles. People also told us they thought staff were competent and had the right skills to meet their needs. People looked relaxed and confident with staff. One relative said "The staff here know what they are doing alright. Some people need a lot of care, they are not easy but staff know exactly what to do."

The training was planned and evaluated by the registered manager and a designated senior member of staff. A wide variety of methods were used depending on whether knowledge, skills or attitudes were being taught. Some training was purchased from outside agencies and delivered in the home. Other topics began with on-line training but were followed up with discussions and questions afterwards. This ensured staff had understood the training they had undertaken on-line and gave them opportunities to ask for further clarification. All new staff were completing the nationally recognised Care Certificate. This nationally accredited induction standard ensured all staff had a basic comprehensive knowledge and competence in care. A new member of staff said their induction to the home had been very good. They had received plenty of support and felt confident in their role. They said they were really enjoying their new job and felt they could ask senior staff "anything at any time."

Staff were asked to evaluate training, saying what they had learnt and how they would put the training into practice. They were encouraged to make suggestions as to how the training could have been improved and these comments were reviewed by the manager. The manager and training co-ordinator were aware staff learnt in different ways. One member of staff became anxious when sitting with groups of people. They were offered one to one training to enable them to complete their training. Comments from staff about their training included "We get plenty of training and up-dates. Everyone is expected to attend. Everything is well planned in advance. If there is something you think you need you can ask." "We are properly trained. Theory and practical when you need it."

If any specialist knowledge was required, for example regarding a person's health condition, information on the condition was obtained and shared with the staff. Alternatively, health professionals with the specialist knowledge were invited to the home to give training to the staff. The registered manager was very pro-active in training staff, providing policies, guidance and information to read and coaching staff as part of their daily presence in the home. Senior staff acknowledged their role in setting a good example to junior staff and supporting new staff through induction.

In addition to a formal programme of regular supervisions and an annual appraisal the registered manager and senior staff worked with any member of staff who needed additional support regarding an aspect of their role. This meant staff were supported to gain in confidence and competence and were given clear guidance regarding the standard of care people were expected to receive.

Staff understood the link between training and good care. During inspection there were many examples of skilled interactions with people combining kindness with an understanding of people's needs and

preferences. These interactions significantly improved people's well-being and happiness.

Registered nurses told us there were good opportunities for training which enabled them to keep their clinical skills up to date. Registered nurses had completed courses which included; infection control, verification of death and catheterisation as well as all routine training topics such as health and safety training.

The deputy manager told us nurses took on specific clinical responsibilities such as managing the medication systems and the Gold Standards Framework which focussed on the care of people at the end of their life. Staff were encouraged to develop further skills and knowledge in their area of responsibility.

One nurse commented on the support given by the manager to complete re-validation as a registered nurse. This is a newly introduced approach to demonstrating nurse competence. They wrote " the thought of re-validation was overwhelming as it was new." A meeting had been held to introduce the nurses to the re-validation system and the manager had demonstrated the process to be undertaken.

A review of an individual training and supervision record for one nurse indicated a very comprehensive and varied programme of training events. They had received their registered nurse induction in January and had completed 39 training activities by October 2016. These included participation in the full range of training methods. They had attended training sessions, used on-line training and read hand-outs provided by the registered manager. Competency assessments had been undertaken by GP's and the registered provider. The record demonstrated an impressive commitment to training by the nurse and the registered manager and ensured the nurse was competent to deliver a wide range of nursing duties.

People received support and advice to meet their healthcare needs. All staff were responsible for monitoring people's health and any concerns were reported to senior staff. Staff knew people well and were able to notice when people were not feeling well even if they were unable to verbally express themselves. We met a GP who regularly visited the home. They were pleased with the excellent care provided in the home. Another doctor informed us that the high standard of care had on many occasions prevented hospital admissions. They said the standard of communication with the surgery was good and staff recognised and responded promptly when people were not well. Specialist support was provided in the home when needed. For example people were visited by a Parkinson's Disease specialist nurse and by community psychiatric nurses.

Some people in the home had very complex needs and the service had been praised by relatives and by health and social care professionals for the excellent effective care they had provided. Staff helped people to stay healthy and supported them to attend appointments. All appointments with healthcare professionals were recorded in people's care plans and these showed people were seen by a variety of professionals according to their specific needs. The service is in a rural area and in order to deal with cardiac emergencies the home had its own defibrillator and had trained staff on duty at all times who could administer appropriate first aid.

Systems were in place so that when people were being nursed in bed they were assessed on a regular basis to make sure they were comfortable and pain free. Charts in people's rooms gave information about the food and drink people had been offered and taken, including snacks during the night. There were also repositioning charts to show people had been assisted to change position to reduce the risks of pressure damage to their skin. Charts in people's rooms contained an action plan and summary of their care plan. People resting in bed were clean, warm and comfortable.

There was a strong emphasis on the importance of people eating and drinking well. This was achieved by offering people a wide choice of food and creating supportive and pleasant environments in which food was eaten. Staff understood the importance of people having pleasant meal time experiences.

There was a large dining room where people could eat their meals. Meals could also be eaten in the smaller garden room. People told us they were able to choose to eat in the dining room or in their rooms. Some people said they ate breakfast in their rooms but others ate later in the dining room after receiving their personal care in their bedrooms. The choice at breakfast was extensive and exceptional.

The kitchen staff catered for everyone's individual preferences. For example one newly admitted person had their breakfast choice of prunes and bran flakes in his admission document. We spoke to them as they enjoyed their choice in the dining room. They said "They really try to find out what you like. What you usually have." Another person enjoyed a "full English" cooked breakfast. The menu listed the composition of the breakfast, describing the local bacon and sausages and the free range eggs. This could be enjoyed every day and at any time during the morning.

During the morning staff were always available in the dining room to assist people with their choice and to support them with their meal. Whilst supporting people staff gave their full attention to them. They assured that in addition to receiving assistance with their meal they enjoyed conversation and attention. The positive staff relationships and the wide choice of appetising food encouraged those who were reluctant to eat due to physical or mental frailty.

Lunch in the dining room was a leisurely event. There was a pictorial menu and staff showed people the meals on offer to help them to make a choice. Staff sat down with people who needed support and offered encouragement and social stimulation. People appeared to enjoy both the food and the company. Senior staff allocated staff to support people on each table. When people arrived for lunch they were offered a selection of drinks and staff talked with them.

People were asked if they wanted tabards to wear to protect their clothes. Napkins were also available on the tables. Staff checked everyone was settled and ready to eat before meals were brought from the kitchen. This meant people could enjoy their hot meals as soon they were served. Some people enjoyed having an alcoholic drink with their meal.

The lunch menu was extensive and included two main course choices and a selection of alternatives such as jacket potatoes, omelettes and salads. Vegetables were served in dishes on individual tables and staff assisted people to make choices about the amount they wanted to eat. The dessert trolley offered hot and cold puddings as well as fruit and yoghurt. One person said "The food is very, very nice. Quite a choice." Another person said "The food is excellent. I like it very much." We saw that after people had finished their meal they were able to take time to talk and drink tea and coffee.

People told us friends and relatives were able to join them for meals. We saw two people enjoying lunch together in the smaller garden room. One relative said "I can eat privately with (my relative.) Even if you just have coffee you feel like a guest." One visitor said "Visitors are always welcome. It is not the sort of place you worry about visiting. As soon as you walk in it lifts you up."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People were offered choices of food at each meal and they were able to decide on portion size. Food was served directly from the kitchen to make sure meals were given to people at the correct temperature. Meals taken to people in their rooms were covered to keep them hot and fresh.

When people needed a special diet care was taken with the preparation and the presentation of food. Food moulds were used for people who needed to eat a pureed diet. One person had not found pureed food appetising but was now thriving on the moulded food which looked more like the food they had previously enjoyed.

One care plan showed the person had a poor appetite and had been seen by their GP and a speech and language therapist to make sure they received the correct diet. The person was receiving a high calorie diet and needed encouragement to ensure they consumed enough food. Staff were monitoring their weight on a weekly basis. Weight records showed the person was maintaining a stable weight and had gained weight slightly demonstrating the care plan was effective in meeting their needs. Staff understood the importance of following guidance in people's care plans about their position when eating if they had been assessed as having swallowing problems. Staff were committed to maintaining people's levels of hydration and there was a "whole home" approach that ensured a choice of appetising drinks were available.

A member of staff told us how hard they tried to ensure people had what they wanted to eat and enjoyed their meals. They told us about helping people who could not express themselves verbally to make choices. They said it was so important that staff remembered what people liked and that they asked families what their favourites had been. A regular food and hydration satisfaction survey was undertaken and gave people an opportunity to talk in confidence about the food in the home. They were encouraged to comment on the main meals, desserts and drinks provided. One person commenting on the drinks available said "the drinks are very accessible. I have jugs of squash of my choosing and I have water also. If I want an alcoholic drink this is always available.

People were always asked for their consent before staff assisted them with any tasks. Staff asked people if they were happy to be helped and respected people's wishes. One person told us "They always ask, check it is what we want."

Staff knew how to support people who did not have the mental capacity to make decisions. 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. Staff told us people were usually able to make day to day decisions for themselves and they offered people choices as far as possible. Where people were not able to make a decision staff told us they discussed what would be in the person's best interests with family members and professionals who knew them well. This showed they were practising in accordance with the law to make sure people's rights were protected. To help staff to understand the MCA and to prompt good practice the manager had prepared and distributed pocket sized aide-memoires that detailed the main points of the act and what staff should be considering on a daily basis. This meant staff were constantly reminded of the importance of promoting people's rights to make their own decisions whenever 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. The application procedures for this in care homes and hospitals are 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 were being met. The provider had policies and procedures to follow if people lacked the capacity to make decisions for themselves. The registered manager had made applications for some people to be cared for under the Deprivation of Liberty Safeguards and was waiting for the people to be assessed by the appropriate professionals.

The home had recently completed a new extension with an additional 17 bedrooms and communal areas. The building was very light, warm and attractive. The project had been completed with close attention to detail and high quality fittings and furnishings in all areas. The building had been designed to promote people's comfort and well-being.

Bedrooms were large and light with an alarmed door out to the garden or its own patio area. En-suite facilities had wet room shower facilities, heated towel rails and under floor heating. The needs of people had been considered and visual prompts supported people to find their way to key areas of the home.

Communal areas included a garden room, dining room and the newly completed spacious lounge. The lounge had large doors onto patio area made into a secure area using safety glass. It was a light welcoming space where people clearly enjoyed sitting and looking across the gardens and countryside outside. The design of the building allowed staff to supervise people and ensure their safety whilst enabling them to choose where they spent time and move around as they wished to.

Everyone was able to access the grounds as there were numerous exits to the gardens and wide level pathways. Some building work was still being completed including additional bathrooms and a hairdressing /spa room.

Good

Is the service caring?

Our findings

The feedback about the caring nature of the service was very positive and consistent. For example a social worker had written to the registered manager to thank them for the care of a person. In particular they praised staff saying "The highly compassionate way in which the whole staff team interacted with X" (the person) They also said how they had themselves observed staff listening intently to help them unpick what X needed. They ended by saying "Please pass on my thanks to your staff team for going that extra mile by always respecting X's individuality and needs despite the challenges and for providing support to X (The relative), a truly holistic, compassionate service"

Staff were seen to make a positive difference to people's well- being throughout the day. For example, staff approached people in a variety of ways, sometimes quietly, sometimes with friendly banter and people enjoyed their attention and responded to staff with smiles. They were relaxed in their company. One person said "The staff are lovely, very kind." Another person said "You can't fault the whole place. They are very kind."

One visitor said "Staff are incredibly warm and patient. Sometimes people can be deeply unhappy but they have achieved peace due to staff patience and skill." Another person who told us of their sadness at being in the home was seen throughout the day to smile and laugh when staff spoke to them. Staff managed to raise the person's spirits and engage them in activities.

One member of staff told us about how important the tone of their voice was when talking to people. They knew that how they spoke to people living with dementia, for example could be crucial in assisting that person to make a response. They said "You have to know them well. Understand their triggers. Try and understand their concerns."

There was a consistent staff team which enabled people to build relationships with the staff who supported them. People said there were "some new faces" but these had joined an established group of staff who knew them well. Throughout the inspection interactions between staff and the people they cared for were warm and friendly. Many of the staff had worked at the home for a number of years and had formed strong relationships with people.

Staff spoke affectionately about people and demonstrated a good knowledge of people's individual likes and dislikes.
The staff team were proud to work for the Castle House Nursing Home and expressed great respect for the people who lived there. One member of staff said "We try to provide good relationships with people. We think we need good relationships between staff and with people living here. We know about dignity, choice and privacy. So we try and practice it throughout the home. We always remember it is their home."

People who were unable to verbally express themselves responded positively to staff and were very comfortable with them. Staff used kind words and gentle touch to reassure people. Staff were skilled and kind when supporting people living with dementia. One person was nursing a doll as their baby. A member

of care staff assisted the person with personal care. As they did so they talked about the baby but linked the conversation to their experience with their own family. The person laughed and smiled, clearly enjoying a shared discussion about families.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. People and their families were able to personalise bedrooms before someone moved in to make sure they were welcoming for the new person. Some bedrooms were extremely personal to each individual. People had decorated their rooms with pictures, ornaments and small items of furniture.

Staff protected people's dignity and showed their respect for them in many ways as they cared for them. They asked if they needed help with personal care quietly, kneeling down beside them and giving them time to respond. When one person was moved using a hoist in the dining room a shawl covered their knees. Staff adjusted people's clothing discreetly, for example, pulling a jumper down or adjusting a skirt so people continued to look smart. A hairdresser checked with people how they wanted their hair done before they went for their appointment. One person who was not able to express an opinion about their hair returned to the communal lounge looking very smart. The hairdresser had used their professional skill to help the person look dignified and well cared for. The care staff offered the person compliments at which they smiled.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. There was e also a selection of communal spaces so people were able to choose where they met people. Families took their relatives outside and for trips with them. There were piles of wool rugs readily available so in the colder weather people could still be taken out for a quick trip in their wheelchairs.

There were ways for people or their representatives to express their views about their care. Each person had their care needs reviewed on a monthly basis which enabled them to make comments on the care they received and voice their opinions. People we asked felt fully involved in the care planning process and people had signed care plans to say they agreed with the content. One person said "They tell you what is going on. Ask us stuff all the time."

People had care plans for how and where they would like to be cared for at the end of their lives and these care plans were regularly reviewed. The home was accredited to the Gold Standards Framework. This is a nationally recognised comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Staff had received special training to enable them to provide good quality care for people at the end of their lives.

A GP commented on the "huge effort" staff in the home made to ensure people's dignity was maintained at the end of their life. The home had produced a booklet for relatives to help them understand the last days of life and suggest ways they could support their family member at the end of their life. They also made available information to support people with dementia the end of their life.

Outstanding ☆

Is the service responsive?

Our findings

People, relatives and professionals consistently gave us positive feedback about how the service was exceptionally personalised to meet people's individual needs. People told us they continued to follow their own routines and staff worked around them. One person told us "I can do exactly what I want. I just can't slip out of the window at night to the nightclub but I still enjoy reading a lot. I am doing fine." Another person said "They do their best to make it easy for you."

One visitor said "(Relative's name) is so happy here. It is down to the management and staffing. There are always enough staff. People feel a sense of choice and autonomy. They make choices all the time. When they get up, when they have a nap. The staff work really hard to give choice and respect."

People told us staff had excellent skills in communicating with them and took time to understand what they needed at any particular time.Throughout the inspection staff spoke to people in ways which demonstrated they were committed to understanding things from their point of view. They understood the attachment of one person for her baby (doll) and the importance of maintaining a person with dementia's interest in food. They understood about the importance to people of maintaining close and dignified links with family members and created opportunities and environments for people to enjoy their company.

Everyone who lived at the home was encouraged to make choices about all aspects of their care and support. A relative said "They really try and find out about the individual. They want to know their likes and interests." They told us this could be as simple as knowing a person had always watched the evening news on a particular channel. "If they know, it happens."

People told us staff went the extra mile to find out how people enjoyed passing their time and how this could be achieved in the home. People spoke very highly of the level of activity and entertainment provided. One person said "There is always something going on." Another person told us "I look forward to some things, we get together and have a laugh."

The activity workers produced a weekly schedule and a monthly magazine for people living in the home and their family members. It gave people an opportunity to reflect on the events of the last month and to plan for the next. Families were encouraged to come and join in events and were able to discuss with relatives things they may have participated in.

Throughout the inspection we observed people had opportunities to take part in a number of group and one to one activities. When there was no organised activity staff chatted with people and encouraged them to talk. The second activities co-ordinator was also able to spend time with people on a 1:1 basis who did not want to join in the communal experience. They were able to help them to follow individual activities, go for a walk, do their exercises, go to the local shops or spend time talking with them. One relative said "(Relative's name) is not a joiner. They don't like the sitting room. Staff try to encourage them but they acknowledge their individuality. They can choose not to do any activities at all."

Activities were varied and included exercise, reminiscence, art and crafts, films and games. There had been themed days (a seaside day) musical entertainers and visits from animals and reptiles. Key events in the year were marked. Most recently people had watched a Remembrance Day service together. People were able to celebrate their birthdays with their relatives and other people who lived in the home.

As new people came into the home the activities programme "moved on". The activities co-ordinator said it was important to keep trying to find out what people wanted. Old favourites were balanced with any new interests' people might have. After one person's well-being audit said they enjoyed poetry, a poetry group had developed. The activities co-ordinator said part of their job was to put "like-minded" people in touch with each other.
Recently more men had come to live in the home. Following discussion a "men's night" had been initiated. People were able to have supper together, drink wine and play dominoes. A film advertised for the men's group had also proved popular with ladies. Ladies were offered opportunities to have "pamper mornings." Nearing completion was the new dedicated hair and spa room where further opportunities would be available for beauty treatments and alternative therapies.

People's spiritual needs were acknowledged and catered for regardless of whether they were of a specific faith or had none. Prayer meetings were held in the home twice a week and a communion service was held in the garden room each week. Each person's faith was discussed with them and individual support for a variety of faiths could be arranged whenever needed. One person wanted a humanist service at the end of their life and this was clearly documented.

Innovative and creative technology enabled people to keep in touch with relatives who lived a long way off or were not able to visit regularly. One relative was concerned that wifi was not available throughout the home and this may have caused problems with their family member connecting with people easily. The manager took prompt action to ensure this was possible. The relative explained how important it was their relative had face to face contact with family members. They said they "still felt involved with family life and what others are doing."

Some people had become interested in the computers for the first time and were supported to further their interest by accessing news and information about things they were interested in. One person told us how a young member of staff had stayed after work to help them learn more computer skills.

Another person enjoyed watching rugby and an international match had become "an event" with people and staff taking interest in the results. Staff understood people might not always ask for things they liked that were not health related. They tried to find out what people usually did. For example one person read a daily paper. They said "I always have the paper. I only asked about it once and now I get it put in front of me every day." We saw staff also took an interest in what was in the paper. They encouraged the person to talk about key stories and showed an interest in the local events.

The home had excellent links with the local community. People's choice of activities was increased because volunteers from the local community came into the home twice a week and assisted with group and individual activities. People could make purchases from the local shop which was available in the home every Thursday morning.

A relative told us they had complete confidence in the care their family member received when they were way. They sent postcards to the home and when they returned they heard about where they had been because staff had read the postcards and discussed them several times with their relative.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. Whenever possible people and their relatives were able to visit the home, view the rooms available and have refreshments or a meal before they came to live at the home. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Relatives and friends were actively encouraged to be fully involved in people's care. Where people were unable to express themselves, for example due to dementia or communication difficulties, relatives were encouraged to help staff build a picture of the person's likes, dislikes and interests. Records were very person centred including a 'This is Me' document.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans gave staff all the information they needed to provide individual care and support to people. There was clear information about people's personal histories to make sure staff were aware of their lifestyle choices and what was important to them. Care plans were reviewed monthly and there was evidence people were involved in discussing their plans.

People received care that showed they were listened to and their views and feelings were valued. One person had told us they did not like sleeping in the dark. Their care plan described their unsettled sleeping pattern and the importance of arranging the lights as they wanted them. They were checked regularly through the night and received varied and appropriate care according to their needs.

People told us as their needs had changed the care they received had changed with them. The staff responded to changes in people's needs and adjusted care accordingly. Information and changes to people's well-being was communicated to staff at handover meetings before each shift. Handover meetings were comprehensive and they discussed every person to make sure all staff were aware of any changes in people's needs or wishes.

Staff were able to tell us about people's needs and care routines. Their knowledge of people and the skill needed to care for them safely and with dignity was comprehensive. One member of staff told us how they cared for someone whose behaviour could be challenging at time. They spoke with compassion and understanding but were also very clear about how they ensured the person was kept safe and their care was maintained.

A relative told us how care had increased for their family member as their illness had progressed. They said care had been excellent. The person's care plan detailed the full assistance the person now required. Whilst giving clear instructions about health matters the plan emphasised the importance of maintaining the person's dignity and individuality. Medications had been adjusted, their daily routine had been changed to meet their changing needs and there was evidence that some health issues had improved. Throughout the plan the commitment to maximise the person's quality of life was evident.

There were lots of ways for people to share their views and make suggestions. The registered manager was present in the home on a daily basis and made plenty of time available to listen to people and relatives. Relatives confirmed this was so. Requests and comments from people were responded to promptly. For example whilst in the garden one person had commented they would like to know the names of the plants. The garden staff promptly provided labels so the plants could be identified and discussed. Every three months satisfaction surveys went to a sample of people. The sample rotated so all people expressed their views over the year. The completed surveys from October 2016 showed a very high level of satisfaction with the service offered and the facilities available to people.

There were meetings for people who lived at the home. The minutes for the October meeting showed

people had been asked if they were satisfied with aspects of the service provided and had been given information about developments and events in the home.

People and relatives said they would feel comfortable to make a complaint and all felt their concerns would be listened to and acted upon. No one had made a complaint. One relative said they would mention "anything" to staff and know it would be addressed. Any health concerns would be promptly addressed by the nurses.

Minutes of relatives meetings indicated they were satisfied with the care provided for their family members. One person had said "the place was wonderful." Another person had said how welcome families of people were made to feel.

There was a formal complaints procedure and where complaints had been made these had been fully investigated and action had been taken to address any shortfalls in the service. Letters were written to any complainant following an investigation to tell them the outcome and offer apologies where appropriate.

Outstanding ☆

Is the service well-led?

Our findings

The service has a sustained track record of delivering excellent care. The service had developed and changed over time but had kept to the central beliefs and values held by the registered manager, who was also the registered provider. The Castle House Nursing Home's ethos was "We work in the Resident's home, they do not live in our workplace.' The service statement of purpose says "We are committed to providing professional and respectful care whilst maintaining exceptional standards. We recognise that everyone is different so we adapt our care to suit each person's needs. We aim to create the right environment which supports physical and mental well-being enabling our residents to maintain their rights, identity and independence as individuals whilst creating a spirit of trust and confidence in our professional manner." One of the GP's who visited the home regularly commented that the manager was "an excellent manager of a superb team." People and their relatives were extremely complimentary about the management team at the home and the positive culture they had developed that ensured people were at the heart of where they lived.
People were cared for by a happy staff team who had a real sense of pride in their work and delivered quality care. A large number of staff had worked at the home for over two years and several over ten years. They identified good team work and strong management support as a major factor. A member of staff said "I am proud of the place I work. The leadership has a cascading effect on all members of staff. There is a definite passion in the way people care for and communicate with the residents. The home has a warm, happy and homely feel. Everyone is made to feel welcome." The high staff morale and sense of pride lead to a happy and vibrant place for people to live.

The champions' concept meant that staff took a designated area of interest and involved themselves closely in maintaining standards across the home related to that activity. This meant they undertook formal audits but promoted knowledge and good practice of their area among other staff. There were 22 champion areas including medication, care plans and infection control. This concept was introduced at staff meetings and enabled staff to take fuller ownership of the standards of care in the home. The registered manager said "In the nine months this has been running we have seen substantial and constituent understanding among the staff that 'leadership starts with you'. They said staff had developed their sense of pride and ownership of their jobs. This had led to a positive atmosphere throughout the home that was felt by people living in the home and their families and visitors. For example the Well-Being champion carried out regular well-being audits. These identified how happy the person was living in the service and identified anything that could be done to make the person more content. For example people had requested a daily walk, access to DVDs to watch in their room. The registered manager had ensured a member of staff was deployed to accompany the person on their walk. A DVD player had been purchased so the person could watch their chosen DVDs at any time.

The registered manager told us they paid attention to the kinds of things taken for granted in people's own homes but often neglected in care homes. These could be very simple things such as flowers, percolated coffee or good quality biscuits. They said they aimed to treat people as they would have wanted their relative treated. They wanted to find out what was particularly important to each individual and ensure they were available.

The registered manager ensured these aspirations were met by their daily presence in the home and by robust systems of management. They would take a nursing shift when this was necessary and said they never expected staff to do things they would not do themselves. They listened to the handovers between staff and listened to staff views on people's progress and offered help and suggestions when applicable. Staff were kept informed of changes. The manager encouraged a spirit of team work with all staff respecting each other and focussing on the well-being of people living in the home. It was significant that although there had been a large amount of building work in the home in the previous months there were no negative comments about this. Staff and people living in the home had been kept informed and the benefits to all when the building was complete had motivated everyone.

When new practices or ideas were introduced the registered manager discussed them first with staff. An aide memoire had been created related to the Mental Capacity Act as a result of the registered manager asking staff if it would be helpful. The effective monitoring of fluids had been improved when a system of calculating the amount of fluids needed by each person had been "owned" by the staff team. Staff meeting minutes showed a new hydration check list had been prepared for staff to further ensure people received the amount of fluid needed to maximise their health.

Staff were 'nurtured' and whenever possible promotions were offered to people already working in the home. We spoke with staff who had been promoted to more senior positions who told us about the training and support they had received. This meant staff felt valued in the home and were happy to share the values and beliefs of the registered manager. We met staff who had been at the home for some years and had been promoted following gaining additional qualifications. One member of staff had gained National Vocational Qualifications at Levels 2 and 3 and was hoping to be promoted again when a vacancy was available.

Feedback from people about all aspects of the service was positive. People and their relatives praised the registered manager for their commitment to outstanding standards of care. One relative said "Care is very good. Excellent. (The registered manager) sets a very high standard." They said the registered manager was easy to talk to and always ready to address things. Another relative said "(managers name) is very accessible. Very helpful." They told us about a time when their relative had been very ill but the "excellent nursing and brilliant staff" had enabled them to stay in the home and recover.

Another GP who visited the home said the registered manager had made a home that was "fabulous. There is not a bad word to say about the place." They said the excellence came "from the top" and they were impressed that the registered manager knew all the people living in the home and was always ahead of the game.
There was a staffing structure which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager and there were registered nurses and senior carers. This meant people always had access to experienced and skilled senior staff.

People and staff said the management was extremely open and approachable. We saw the registered manager was visible in the home and people were extremely comfortable and relaxed with them. Staff felt very well supported and said they had access to good training, regular supervisions and annual appraisals. All said they would be comfortable to raise any concerns with a member of the management team. The registered manager told us they welcomed feedback from people and saw this as a way to continually improve the service offered.

The registered manager had comprehensive policies and procedures which made sure practice was in accordance with current best practice and up to date legislation. They were members of national and local organisations that kept them informed on specific issues relating to nursing in a care home. They received

regular bulletins from organisations publishing authoritative research and articles on developing and innovative methods of care. Two recent developments included the social companions team and the system of champions which developed the governance structure in the home.

The three monthly "How are we doing?" questionnaires explored people's satisfaction with a wide variety of aspects of service provision. The results of the survey carried out in October 2016 showed people were very satisfied with the service. People would be "extremely likely" to recommend the nursing home to friends and family. Any issues identified in the surveys would be followed up with the individual but also considered at whole home management meetings to consider whether there were wider applications.
All aspects of the running of the service had been assessed and action either planned or taken by the manger. For example in the event of an emergency the manager had prepared a detailed and thorough continuity plan that ensured people were cared and the business continued to function.

As far as we are aware the home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.