Milkwood Care Ltd

Castleford House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 22 and 23 September 2016 and was unannounced. The previous inspection of Castleford House Nursing Home had been in January 2014. At that time there were no breaches of the legal requirements.

The service is a care home with nursing, registered to accommodate up to 43 older people. The maximum number of people the home accommodated at any one time was 41 because two of the shared rooms were used by one person. At the time of our inspection there were 38 people in residence. People had general nursing care needs. The majority of people either also had a diagnosis of dementia or had a degree of cognitive impairment. The home is a converted Victorian hunting lodge set in large gardens on the hillside above Chepstow. There are 31 bedrooms for single occupancy and five shared rooms with screening in place to provide privacy. The home has a large dining room called The Boat House Bistro, a large communal lounge with a TV and a quiet room/library area plus 'tea room'. Accommodation is spread over three floors, with a passenger lift, chair lifts and a platform lift making all areas of the home accessible.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The service had taken all the appropriate measures to ensure people were kept safe. Staff received safeguarding training and knew how to report any concerns they had about people's safety and welfare. Staff also received moving and handling training and were guided by manual handling ambassadors who had received extra training. Where people needed to be assisted to move, their moving and handling needs were assessed and a safe manual handling plan was devised. This meant people were moved safely using the appropriate methods and equipment.

Any risks to people's welfare were assessed and management plans put in place to reduce or eliminate that risk. All the appropriate checks to maintain the premises and facilities were completed on a regular basis. The management of medicines was safe and people were administered their medicines safely.

Staffing numbers for each shift were kept under review by the registered manager and adjusted as needed. Because of a number of recent admissions the number of staff on duty had been increased. There was a qualified nurse on duty at all times along with senior care staff and care staff, maintenance, catering and domestic staff. Staff were provided with regular training and were supported by their colleagues, the deputy and the registered manager to do their jobs effectively.

People were provided with food and drink which met their preferences and dietary requirements. Where concerns had been identified with weight loss, food and drink intake and body weight was monitored. Arrangements were made for people to see the GP and other healthcare professionals as and when they needed to.

People were looked after by staff who were kind and caring. They ensured people's privacy and dignity was maintained at all times. Where possible people were involved in making decisions about their care and relatives were included where this had been agreed.

People received personalised care and support that met their specific needs. They were encouraged to express their views and opinions and have a say about how they wanted to be looked after. The staff acted upon any concerns they had in order to improve the service although some minor improvements were needed in the way complaints were handled and managed. Those people who had end of life care needs were supported to remain at the service.

The staff team were provided with good leadership and management by the registered manager. Feedback from people and their families was sought to identify areas where they could do better. The provider had robust quality assurance measures in place which assessed the quality and safety of the service. Where shortfalls were identified, timescales for improvement were set and then followed up.

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.

Staff knew what to do if concerns regarding a person's safety were raised and had received safeguarding training. Robust recruitment procedures ensured that suitable staff were employed.

Any risks to people's health and welfare were well managed. People received care from staff who kept them safe. Medicines were managed safely.

Staffing levels took account of people's care and support needs and were adjusted when needs changed.

Is the service effective?

Good

The service was effective.

Staff received the training they needed to do their job, were well supported and had regular supervision.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People were provided with food and drink that met their individual requirements. They were supported to see any health and social care professionals as needed.

Is the service caring?

Good

The service was caring.

People were at ease with the staff and on the whole treated with kindness, dignity and respect. Staff knew the importance of being respectful although there was some room for improvement.

People were cared for in the way they wanted and were encouraged to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were looked after in the way they liked and received the care they needed. Their care plans were kept under regular review.

People were able to participate in a range of meaningful social activities.

People and their families were listened to. The staff supported them if they had any concerns or were unhappy about anything.

Is the service well-led?

Good

The service was well-led.

The registered manager provided good leadership and management for the staff team and was well respected.

There were systems in place to assess and monitor the quality and safety of the service. There was a continual process of improvement and good practice was shared with the providers team of registered managers. Where improvements were identified actions were taken.

Castleford House Nursing Home

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 was 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 22 and 23 September 2016 and was undertaken by one adult social care inspector. At the previous inspection in January 2014 we found no breaches in regulations.

Prior to the inspection we looked at information about the service including notifications. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.
Prior to the inspection we contacted health and social care professionals who have had dealings with the service and asked them to share their experiences. Any feedback we received has been included in the report.

During our visit we spoke with four people living at Castleford and five visitors. We spoke with 10 members of staff, the registered manager and the operations manager. This included qualified nurses, care staff and ancillary staff. We looked at four people's care files together with other records relating to their care and the running of the service. This included the policies and procedures manual, audits, quality assurance reports, satisfaction survey reports and minutes of various meetings.

It was not possible to speak with the majority of people at the service due to their dementia care needs. We therefore spent time observing their interactions with the staff team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of

people who could not talk with us.

During the inspection we were able to speak with two health and social care professionals. Their views and opinions of the service have been incorporated in to the main body of the report.

Good

Is the service safe?

Our findings

People said, "I am perfectly safe", "I can't walk very well now so I don't fall over" and "We are waited on hand-foot-and-finger". The staff were fully committed to ensuring people were safe. We noted there was always a member of staff around in the communal areas of the home when people were present. This meant staff could take the appropriate actions to ensure people did not come to harm.

Visitors commented that their relatives were safe. They said, "I have no concerns when I am not here, that (named person) is well looked after and safe", "I have never seen anything bad happening here. All the staff are so loving", "The staff are always around and therefore always watching out for the residents" and "Mum does not like the hoist but the staff reassure her throughout and keep her calm". We observed care staff transferring people using hoisting equipment. They were transferring people from wheelchair onto hard back chairs or armchairs and they consistently did this following safe practice.

All staff had to complete safeguarding training as part of their induction training programme and then on a yearly refresher basis. Those staff we spoke with confirmed they had received safeguarding training and the training matrix showed there was just a handful of staff who needed their refresher training. Staff knew what was meant by safeguarding people, what constituted abuse and what their responsibilities were to keep people safe. They would report any concerns about a person's safety or welfare to the registered manager or deputy. Staff knew they could report directly to the local authority, the Care Quality Commission or the Police if necessary. A copy of the safeguarding reporting protocol was on the noticeboard outside the manager's office. The provider had a safeguarding policy, last reviewed in April 2016. We noted this had the incorrect contact details for Gloucestershire County Council however the details on the staff noticeboard were correct.

We checked to see that the service was following safe recruitment practices before taking on new employees. The process included a written application form, an interview assessment, two written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. These measures ensured suitable staff were employed. At the time of the inspection the service had a full compliment of staff. They had recently recruited a number of new staff.

Any risks to people's health and welfare were assessed and then measures put in place to reduce or eliminate that risk. Each person was screened to determine the level of risk assessments in respects of the likelihood of falls, skin integrity, nutrition, the use of bed rails and mobility. Where people needed support with moving and handling a safe system of work was devised. These set out the equipment to be used and the number of care staff required to carry out the task. Senior care staff had received extra training and were manual handling ambassadors. They worked with care staff to assess the best way to move and transfer people and what equipment was appropriate.

The premises were well maintained which meant people were cared for in a safe environment. The service employed two maintenance staff who looked after the house and the gardens. They had a programme of

safety checks to complete on a daily, weekly and monthly basis in order to keep the premises safe. These checks included the fire safety equipment, emergency lighting, hot water temperatures, legionella checks and the call bell system for example. A visual check of the whole home was undertaken each day and servicing and maintenance contracts were in place for all equipment. The provider had a fire risk assessment in place and this had last been reviewed in May 2016. Staff had prepared an evacuation plan for each person to be followed in the case of a fire in the building. The plans contained a lot of information but no specific details about what support the person would need in the event of the fire. This was discussed with the registered manager and the operations manager and on day two they had already taken action to make improvements, using a red/amber/green rating for each person. These plans were kept in people's care files. There would be a benefit in keeping these all together as well, along with the fire records and the 'grab box'.

The catering staff had a programme of daily, weekly and monthly checks to complete. These included refrigerator and freezer temperatures and probed hot food temperatures before serving meals. All food was stored correctly and the last visit by an environmental health officer in February 2016 had resulted in the service being awarded the full five stars. There was also a checklist of daily, weekly and monthly cleaning tasks to be completed by the catering team. The registered manager and operations manager both monitored that all checks had been completed to ensure the premises and facilities remained safe.

The service had a team of 33 care staff plus nurses and catering, domestic and maintenance staff. At the time of the inspection the service had a full compliment of staff and many of them had worked at the service for a long time. There had been no use of agency staff for many years as there were a number of bank staff who could be called upon to work extra shifts. Any unfilled shifts were generally covered by the staff team but the registered manager explained they monitored how many hours staff worked to ensure they did not do too many hours. This meant people were looked after by staff who were familiar with their care and support needs.

Staffing numbers per shift were kept under review by the registered manager and adjusted as needed. On day one of the inspection there was one qualified nurse plus seven care staff on duty. In addition there was one activity organiser, the catering, housekeeping and maintenance staff. The registered manager organised the staff rota's five weeks ahead and identified where staff were needed to fill vacant shifts. Overnight there was one qualified nurse and three care staff. The registered manager explained they had recently increased staffing numbers because of a number of new admissions. Staff confirmed that staffing numbers were sufficient.

The procedures in place for the management of medicines were safe. All medicines were stored in locked medicine trolleys and cupboards in two secured rooms. The nurses were recording the temperature of one of the rooms to ensure medicines were not stored above 25 °C, but not the other room. This room did not have any ventilation but did not feel hot. The registered manager and maintenance person took prompt action and arranged for a thermometer to be placed in the room and some ventilation to be fitted. Records were kept of fridge temperatures to ensure medicines were stored at the correct temperature. Medicines that required additional security were stored correctly and audited on a weekly basis. Medicines were administered by qualified nurses. One new nurse who had recently joined the team had been assessed as competent by the registered manager and there was a plan in place to complete these assessments with all nurses.

Accurate records were kept of all medicines received in to the home and those returned to the chemist for disposal. Medicine administration records were signed after medicines had been administered and, nurses checked to ensure the records were completed properly at the end of each medicine round. The service

displayed warning signage where oxygen cylinders were stored and on the bedroom doors of people in receipt of oxygen therapy. At the time of the inspection no person required their medicines to be given covertly, concealed in food and drink.

Good

Is the service effective?

Our findings

People were assessed prior to admission to Castleford House Nursing Home to ensure the service was appropriate in order to meet their needs and had any necessary equipment in place. This meant people received the care and support they needed to meet their individual requirements. People were not able to tell us about their experience of the service but the visitors we spoke with were satisfied with the way their relatives were looked after. They said, "I visit every week, my sister gets all the help she needs", "My good friend needed a nursing home and I was very glad she was able to move here" and "My husband gets all the help he needs. I come in each day and help him with his lunch".

Staff knew about the people they looked after. They got to know them well and found out what their preferences, likes and dislikes were. By doing this it meant people could be satisfied with the way they were looked after.

New staff completed an induction training programme when they started working at the service. The programme was in line with the Care Certificate. The Care Certificate was introduced for all health and social care providers on 1 April 2015 and ensured new workers were suitably trained and assessed to deliver safe, effective, caring and responsive care. The programme was delivered by in-house training, shadowing senior members of staff and regular reviews by the registered manager. New staff were well supported and well trained and this was confirmed by two staff members who had recently joined the team.

All staff had a programme of mandatory training to complete. This included fire safety, moving and handling, food safety, safeguarding, infection control, dementia awareness and the Mental Capacity Act 2005. Those staff we spoke with confirmed they received regular training. The registered manager maintained a training matrix and was able to check this and ensure all training was kept up to date. Health & safety and manual handling training was already booked for 27 September 2016.

Care staff were supported to achieve diplomas in health and social care. At the time of our inspection nine care staff had achieved a level two diploma or the equivalent (National Vocational Qualification (NVQ)) and six had level three. Six other care staff were working towards their level three qualifications.

All staff had a supervision meeting with the registered manager every eight weeks but their were plans in place for the role of supervisor to be shared with the deputy, the nurses and senior care staff. The service had an on-call support system with 24-hour access to management in the event of emergencies. This ensured staff were well supported and able to meet people's needs effectively. Staff we spoke with said they were well supported.

A new role had been introduced of senior care assistant and five staff members had been appointed who will start their role on 10 October 2016.This role will have additional responsibilities and be a link between the care staff and the qualified nurses. They will be responsible for undertaking and recording observations, minor dressings, care plan reviews and handover reports to night care staff.

We checked to see that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when a person cannot make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for people who lacked the capacity to consent to treatment or care. The legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised. These safeguards protect the rights of people who live in a care home to ensure that any restrictions placed upon their freedom and liberty, were appropriately authorised and were in their best interests.

The registered manager displayed an understanding of DoLS and had made applications for people where there were indications they may be deprived of their liberty. This meant people were not being restricted without the required authorisation. We found that the service was meeting the requirements.

Staff completed MCA and DoLS training as part of the mandatory training. Those staff we spoke with during the inspection understood the principles of the Act and how it affected their day to day work. Care staff were clear about obtaining consent from people before delivering care and support and this was evidenced by our observations and discussions we heard during the inspection.

The registered manager was familiar with who had a DoLS authorisation in place, when the authorisation was due to expire and who the person's representative was. At the time of our inspection the service did not keep all the DoLS authorisation paperwork in one place. This would be good practice to ensure all senior staff had access to the information easily. This would mean where DoLS authorisations were due to lapse, further application can be made to the local authority in a timely manner. Applications for other authorisations had been submitted to the appropriate local authorities but had not been processed as yet.

People were provided with food and drink that met their individual requirements. They were asked about their likes and dislikes and their specific nutritional requirements were relayed to the kitchen staff. The service had recently recruited a new head chef and second chef and the menus were being reviewed. We were told that new foods were going to be introduced and people would be asked for their views about the dishes. The service had a rolling four week menu that was changed according to the seasons.

The kitchen staff were advised if a person's body weight decreased and fortified foods and drinks were supplied. Where needed, people would be provided with a diabetic diet, soft foods or pureed diets for example. Meals were served by the kitchen staff which meant they could gather feedback from people about what they thought of their meals. Since the beginning of September 2016 the service had introduced changes in that the main meal was served in the early evening, with lunch being soups, sandwiches and hot snack meals. People had been consulted about the change and this was implemented because some people had a late breakfast and were then not ready to eat their main meal.

We observed the breakfast meal time in the main dining room (called The Boat House Bistro) on day two of the inspection. The service operated a staggered breakfast time and people were served their breakfast, on the whole, in between 7-11am. People were encouraged to have their meals in the dining room but meals were served to them in their own rooms where this was preferred. People were provided with a clothes protector. Those people who required support to eat their meals were given assistance at an appropriate pace. The staff member conversed with the person they were supporting throughout the meal and sat opposite them on the same level. We saw one staff member helping a gentleman with their breakfast. They had difficulty engaging with the person until they stood up next to, but facing the person, who then proceeded to eat well.

People were supported to remain well hydrated and where necessary the staff monitored how much people

had eaten or drank each day. This meant they could take action if the risks of malnutrition or dehydration increased. The activity organiser told us during the hot weather they had served ice cream on hot days on many occasions. There were supplies of cold drinks in the lounges and people were offered regular hot and cold drinks.

People were supported to access any health care services they needed. They were each registered with one of three local GP practices. There was a local enhanced service agreement in place for the main GP practice and a weekly visit was made by a doctor on a Thursday afternoon. At the time of the inspection 28 of the 38 people were registered with this practice. The GP was also contacted when people needed a medical review or were unwell.

One healthcare professional told us they had no concerns regarding the care provided for their patients and the registered manager or nurses communicated well with them. They said they were always contacted appropriately and in a timely manner. The registered manager had implemented a system whereby the visiting GP was emailed prior to the visit and advised who they will be asked to see. This allowed the GP to do pre-visit preparations so their time was used to greater benefit for people. They said any instructions they left for the staff were carried out. Examples of other healthcare professionals involved in people's care included the dentist, opticians, audiology, foot care specialists, speech and language therapists , occupational therapists and physiotherapists and the care home support team.

Good

Is the service caring?

Our findings

People said, "Everyone is very nice to me. They treat me like family even though I am not", "We have a really lovely time here", "The staff are lovelyand friendly" and "I am quite happy with everything". One visitor told us when they were looking for a nursing home for their relative, they only looked at Castleford House. They said they were impressed by the kindness and friendliness of the staff therefore looked no further.

One healthcare professional told us they were "very satisfied" with the way their patients were looked after. Another healthcare professional said the staff were all very helpful and had a good rapport with people. A social care professional said the staff team genuinely cared about the people they looked after and "wanted the best for them".

The service had received many cards and letter of compliment from the families of people who had lived or still live in Castleford House. Their comments included, "Many thanks for everything you do for mum – we really appreciate the care she receives", "Many thanks for the way you have looked after (named person)", "Thank you for giving mother a lovely birthday party. You are all so kind" and "Thank you very much for the care, help, kindness and compassion that you gave to (named person)".

The service knew the importance of making meal times an important time of the day and a social event. The dining tables were laid out with bright gingham table clothes. There were lanterns and flowers on each of the tables and each place setting was laid out neatly. One person who was confined to a large armchair had their meal served on a bed table placed across her chair. The staff had placed a table cloth on the bed table which was a nice touch.

On the whole, from the observations we made throughout the inspection we found the staff team interacted with people in a kind and compassionate manner. People were treated with dignity and respect however two observations were made where things could have been done better. One person was brought in to the dining room in a wheelchair and the care assistant called across to the nurse "Where do you want him"? On a second occasion we heard those people who needed support with their meals be referred as "feeders". This was discussed with the registered manager at the end of the inspection who was disappointed by these observations.

People were at ease in the company of the staff. They had been asked by what name they liked to be called and several had chosen to be called by their preferred nick-name. Despite the fact that all but three people were living with dementia or a degree of cognitive impairment, they were involved in having a say about how they wanted to be looked after. One person told us their clothes had always been important to them and the staff let them choose what they wore each day. People looked well cared for and were dressed nicely in clean clothes. They were provided with clothing protectors at mealtimes and helped to clean themselves up after the meal. Their clothes were well laundered.

We saw that staff knocked on people's bedroom doors and waited for a response before entering the room. Bathroom, toilet and bedroom doors were closed when personal care was being delivered. We heard staff

seeking consent before any intervention and waiting for a response before proceeding. For those people who shared a room with another person, there was screening in place for when personal care was being provided.

Staff were able to tell us about the people they were looking after and able to describe in detail their likes, dislikes and preferences. People were offered choices in respect of activities, food and drink and staff were respectful of the decisions they made. People were treated with kindness and we noted they were responded to promptly when they asked for assistance. At breakfast on day two of our inspection one person asked to have a window closed and a member of staff did this for them. Whilst the call bells were being used to summons help through our the inspection, we were not aware that any of them took long to be responded to.

As well as people being cared for with kindness, the staff team were also 'well looked after' by their colleagues, the management team and the provider. One member of staff told us how the service had looked after them during a very difficult time in their personal life. They talked about the support they had been provided with and their appreciation.

The service continued to look after people when they had palliative and end of life care needs. Where 'do not attempt resuscitation' decisions, (known as DNAR's) had been made, these were recorded on the nationally recognised documentation. The forms had been completed by the person's GP and evidenced relatives had been involved in the discussions and where appropriate, the person themselves. The service had the appropriate nursing equipment available to maintain a person's comfort and skin integrity when they became bedbound due to a deterioration in their health.

Good

Is the service responsive?

Our findings

People said, "I am quite happy here and everything is done for me", "The staff help me when I need them", "The staff organise me which is good because I am quite forgetful. They always ask me what I want to do" and "If I ask for a second cup of tea they always give me one". One visitor said their relative "could not be looked after any better". Other comments received from visitors included, "As a family we are very pleased that mum is here. She is so well looked after and is in better health than when she was living alone in her house" and "Can't fault a thing, I wouldn't mind living here as well".

A significant number of people were not able to tell us whether the staff looked after them in the way they wanted and needed. We therefore spent a period of time making observations. The staff were attentive to the people they were looking after, they offered help at people's request and were always pro-active in preventing individuals anxiety. One person had been displaying symptoms of anxiety, therefore a member of staff who was completing paperwork, picked up their work and sat down next to them. The staff member continued to complete their work but chatted away to the person and gave them comfort. The person calmed down and remained so for a considerable length of time. We noted the staffing levels ensured there was always a staff presence in the dining room and lounges.

Care plans had been prepared for each person and these set out their care and support needs. It was evident that people were involved in the care planning process where possible, along with family. The plans recorded how the person's needs were to be met. Each person had a person centred care plan. They were well written and provided clear instructions for the care staff to follow. This meant the care staff knew about people's personal care needs, how wound care was managed, mobility, eating and drinking support needs and where appropriate managing continence. People's wishes and preferences were included in the plans, for example one person had stated they did not want to be looked after by male carers. The plans were reviewed on a monthly basis and updated where needed to reflect any changes in the person's needs.

One healthcare professionals told us the care plans and risk assessments were updated regularly and always had the information they required to do their assessments.

Staff were knowledgeable about the people they looked after and they knew who liked to do what. For example there was one person who liked to sit out in the garden weather permitting, as often as possible. As part of the care planning documentation, staff completed a 'Who am I' booklet. Those we saw were in various stages of completion. The booklets recorded the name people liked to be referred by, social likes and dislikes, favourite TV and music, where they worked, those who meant most to them and unforgettable moments. The booklets provided good information about the person.

The care files also contained a log of daily records completed by the care staff and nurses. Records were kept of all contacts with health and social care professionals and family communications. Those records we looked at provided a good account of the care and support provided to the person and accounts of any events that had occurred. Nurses and care staff received a handover report and were informed of any changes in people's needs, at the start of a new shift.

There were three activity organisers (AO), one full time and two part time staff. They arranged a programme of different activities throughout the week. Each Friday was the main activity day when all three AO's were present. On the second day of our inspection (a Friday) a fundraising event had been arranged – a 'World's Biggest Coffee Morning'. A list of the activity programme was displayed in the foyer on a weekly basis. The service had a minibus and this was used for trips into Chepstow and also further afield. Examples included a forest trip looking for bluebells in the spring and then chestnuts later in the year, a trip to Barry Island for fish and chips, garden centres and visits out for ice-creams and coffee. In July 2016 the service held their summer fete and the weekend following our inspection there was a dog show and picnic planned.

Examples of activities that took place on a regular basis within the home included sound bingo, arts and crafts, visits by musicians and theatre groups, reminiscence work, a mini-beast vist by the zoo and gardening. A hairdresser visited the service weekly and seven ladies liked their hair set every week. There were regular visitors to the service from the local church and people were supported to attend coffee mornings at St Lukes Church. Holy communion was arranged on a monthly basis. One of the activity organisers talked about events that had taken place, were not successful but had caused a great deal of fun. They talked about a cake baking and a tie-dyeing session.

The service produced the 'Castleford Chronicle' every six weeks. This provided the latest news from the service and the service next door run by the same provider. The July 2016 edition contained pictures of events, news about one of the provider's other care homes and future dates to remember. One visitor told us they always like to take one away with them to "share with other family members. The activity team maintained a hardbacked book for each person and included photographs of the person showing activities they had taken part in, and recordings about other significant events. The AO explained these were a record of the person's time at Castleford and were then given to the families after the person had passed away.

Those visitors we spoke with felt able to raise any concerns or complaints they had with the nurse on duty or the registered manager. One visitor said they had mentioned a few little grumbles but nothing serious. They said they were listened to and the staff took any action needed. The service had tried to have a schedule of regular 'Resident and Relative' meetings but these were not well supported. The registered manager had scheduled the next meeting for 17 October 2016 and hoped it would be better supported by families.

Prior to the inspection the service told us they had dealt with 18 formal complaints and all of them had been resolved satisfactorily. Because of the way the service stored and logged these complaints it was difficult to evidence the paper trail of what actions had been taken. Complaints were mixed up with safeguarding reports, accidents and incident records. We had a discussion with the registered manager and the operations manager about the benefit of storing these separately and having a log at the front of each file. Those complaint records we were able to look at did evidence what had happened as a result of the complaint. The service had a complaints policy and procedure in place and this was displayed in the main foyer of the home. The registered manager said they would use any information of concern or a complaint to reflect upon their practice and where necessary, make changes in order to do things better. In the last 12 months CQC had not received any complaints about the service.

Good

Is the service well-led?

Our findings

We did not ask people who lived at Castleford House for their views about how the service was managed. Visitors told us, "The manager is always available and will meet with me if I ask", " The previous manager had been here for a long time so I was a bit worried when I knew they were leaving. The new manager however seems to be very good and knows what's what" and "I was sent a survey form and asked to comment about the home and (named person) care. I think everything is very good".

The registered manager was registered with CQC in August 2016 but had worked at the service for many years as a qualified nurse and then the deputy. Staff said the registered manager was approachable, a "good manager", was fair and understood everything that went on in the service. The registered manager was supported by the company's operations manager and one deputy. Their office was located centrally, adjourning the nursing station, an ideal location to keep up to speed with the everyday running of the home. The registered managers hours were extra to the care staff hours however they did cover nursing shifts on occasions in order to stay relevant and up to date with the latest nursing and care needs of people.

There was an open culture in the home and the registered manager had an open door policy. The staff team, people who lived in the service and their relatives and friends were able to see the registered manager at any time. During the inspection they were out on the floor interacting with people and their relatives regularly. It was evident the registered manager was well known.

The service had a very stable team, with several members of staff having worked at the home for over 10 years. There were regular staff meetings in order to maintain good practice, improve communication, resolve any grievances and gather feedback from the staff. Staff confirmed they were able to make suggestions about different ways of doing things and that they were listened to. One such example was the introduction of the senior care role. The meetings were recorded and the notes were shared with those staff who could not attend. Care staff meetings had been held in June and September 2016 and the next one was scheduled in December 2016. Meetings with the nursing staff had been scheduled for July and October 2016 and January 2017.

The service send out regular survey forms and encouraged families to complete them. Where appropriate people were also asked to provide feedback as well. The survey asked about the standards of care, the environment and cleanliness, the management and staff team, activities and food. The ratings used were outstanding, good, requirements improvement and inadequate, the same ratings used by CQC. The customer care survey results collated in June 2016 produced good and outstanding results. The comments made by those who had completed the forms were on the whole positive, however there was one negative comment about the handling of complaints not being timely or effective. This likely links with our comments regarding how complaints records were logged and managed. The registered manager acknowledged this was an area for improvement and had already taken action. These surveys were completed on a six monthly basis, and the next one was due in October 2016.

We looked at the feedback that had been posted on the www.carehome.co.uk website. Seven reviews had

been posted. Five said they were extremely likely to recommend the service and two were likely to. The overall rating of the seven reviews was 4.4 out of 5.

The visions and values of the service was to look after people in a caring environment where everything was set up to maximise their happiness and well-being. People were cared for with a person centred approach and were involved in decision making as much as was possible. It was evident from our discussions with the staff team that this was a shared vision by all. Responses we received from people and their visitors, and our observations further confirmed this.

The registered manager completed weekly reports and submitted these to the operations manager. They reported on areas such as occupancy, staff issues, any complaints received or safeguarding events that had occurred. The operations manager visited the service every two weeks however was always contactable.

The operations manager completed an audit of the service on a quarterly basis and this was last undertaken on 31 August 2016. The operations manager assessed the environment, confirmed that all the maintenance checks had been completed and looked at life in the home. They also checked care records, staff recruitment and training records. Where improvements were identified an audit action plan was devised with timescales for the remedial action to have taken place by.

The registered manager attended regular meetings with registered managers from the providers other registered care services. This enabled them to share good practice, make suggestions about things that had gone well and provide a good support network for each other.

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. Since the beginning of 2016 there had been a significant number of death notifications and all but one had been expected. The registered manager explained they looked after a lot of people with end of life and palliative care needs.