

## Enter and View Report

Name of Setting: Castlethorpe Care Home

Name of Manager: Mr Lee Patrick

Insert address: Castlethorpe, Brigg DN20 9LG

Date of visit: 15/11/2024 Date of publication:

HWNL staff involved in the visit: Lucy Wilkinson, Rebecca Price, Wendy Chester and Denise Fowler

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the residents who contributed to the report on that date.

## What is Enter and View?

Enter and View is the statutory power granted to every local Healthwatch which allows authorised representatives to observe how publicly funded health and social care services are being delivered. Healthwatch North Lincolnshire use powers of entry to find out about the quality of services within North Lincolnshire.

Enter and View is not an inspection, it is a genuine opportunity to build positive relationships with local Health and Social Care providers and gives service users an opportunity to share their views in order to improve service delivery. Enter & View allows Healthwatch to-;

- Observe the nature and quality of services.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives of service users.
- Collate evidence-based feedback.

- Enter and View can be announced or unannounced.

## **Main Purpose of Visit**

The purpose of Enter and View can be part of the Healthwatch prioritised work plan or in response to local intelligence. Broadly, the purpose will fit into three areas of activity:

1. To contribute to a wider local Healthwatch programme of work
2. To look at a single issue across a number of premises
3. To respond to local intelligence at a single premises

This visit forms part of the Healthwatch North Lincolnshire programme of work and was carried out in response to feedback Healthwatch received about the care home.

## **Castlethorpe Nursing Home Background**

Castlethorpe Nursing Home is run by P&N Care Home Ltd, the home is registered for a maximum number of forty-eight residents, on the day of our visit the home had forty-one residents. The home had been registered for Nursing care however was de-registered in October 2024.

The building sits in large grounds and is in a rural area just outside of the market town Brigg in North Lincolnshire.

Specialist care categories registered with the Care Quality Commission (CQC) include caring for adults over sixty-five years, caring for adults under sixty-five, dementia, eating disorders, physical disabilities, mental health conditions and sensory impairments.

The home employs a variety of staff including a deputy manager, senior care workers, care workers, maintenance, cleaners, kitchen staff and office staff.



## **The visit – on arrival**

The Enter and View visit (E&V) was announced, the Registered Manager of Castlethorpe Nursing Home had invited Healthwatch to complete an enter and view visit. The manager was advised that Healthwatch would visit the week commencing 11<sup>th</sup> November 2024, we arrived on Friday the 15<sup>th</sup> of November at 10.30am.

On arrival, the Healthwatch team were welcomed into the care home by a member of care staff, and we were asked to sign in. We were then introduced to the Registered Manager, deputy manager and other office staff. After introductions the Healthwatch team were given a tour of the care home including all communal areas and facilities. We were introduced to staff and residents as we met them around the building.

## **Summary of the Registered Manager's Questionnaire**

Healthwatch spent time with the Registered Manager, to find out general information and to complete the manager's questionnaire.

The Registered Manager confirmed he has worked for the company since August 2022 and became the registered manager in October 2022.

Castlethorpe Nursing Home is currently not at full capacity, work is ongoing on a two/three-year restoration plan to update the building. Some areas have already been refurbished and have been decorated in a clean modern feel. A new boiler has been fitted and the home has looked at energy saving options such as energy saving light bulbs.

There is a large twenty-eight bedded unit in the grounds of the home. This was due to open during covid but has yet to be completed and registered.

The Registered Manager confirmed that the staffing team is currently stable, and staff absences are covered internally with staff from Castlethorpe. The Registered Manager and Deputy can be pulled out of the office if needed and the home has a WhatsApp group that is used for covering shifts. There is also an on-call rota for covering out of hours and emergencies.

Staff work three/four shifts per week and every other weekend. They employ eight full-time staff via the sponsorship scheme. There are eight care staff per shift, this includes two senior staff members plus any one-to-one workers. There are also cleaners, kitchen and laundry staff on shift daily.

Each afternoon shift has an allocated person to complete in-house social activities.

### **Latest Care Quality Commission (CQC) Report**

The last recorded CQC visit to Castlethorpe Nursing Home was in November 2022 and was rated as requiring improvement. A more recent inspection has taken place in August 2024 and at the time of writing the CQC website states the home has been inspected but not yet rated.

The home had an Infection prevention and control inspection in July 2024 and received a score of 96.6%. The home was visited by the Provider Development Team North Lincolnshire Council in April 2024 for a two-day validation visit which was completed successfully.

## Safety

The Registered Manager advised the home uses PCS care management system to ensure all policies and processes are up to date and in line with CQC and government guidance.

When asked about how the home manages risks such as falls, the Registered Manager advised all residents have fall care plans and risk assessments which are accessed via PCS. Any falls would be recorded in the accident/incident files, daily notes and would be followed up and audited monthly. The manager would inform relatives, CQC and safeguarding of any falls. Medical advice would be sought for the resident as required.

All staff are trained in infection control and follow reporting and recording procedures. All staff complete thorough training via Clinical Skills as shown in the template below.

### Mandatory Training

\*Healthcare Assistance and Senior Healthcare Assistance Staff  
Required to be completed within 3 months of Start date.

Training Courses	Course Provider	Date Completed	Certificate in Training File	Frequency of training
Statutory and Mandatory -Safe handling of hazardous substances -Fire Safety awareness	Clinical Skills			Yearly
Care Certificate: Standards 1 Understanding your Role	Clinical Skills			
Care Certificate: Standards 2 Personal Development	Clinical Skills			
Care Certificate: Standards 3 Duty of Care	Clinical Skills			
Care Certificate: Standards 4 Equality and Diversity	Clinical Skills			
Care Certificate: Standards 5 Person Centred Care	Clinical Skills			
Care Certificate: Standards 6 Communication	Clinical Skills			
Care Certificate: Standards 7 Promoting Dignity during care	Clinical Skills			
Care Certificate: Standards 8 Fluid and Nutrition	Clinical Skills			
Care Certificate: Standards 9 Awareness of Mental Health, Dementia and Learning Disabilities	Clinical Skills			
Care Certificate: Standards 10 Safeguarding Vulnerable Adults in Care Home	Clinical Skills			
Care Certificate: Standards 11 Safeguarding Vulnerable Children.	Clinical Skills			
Care Certificate: Standards 12 Basic Life Support	Clinical Skills			
Care Certificate: Standards 13 Health and Safety	Clinical Skills			
Care Certificate: Standards 14 Handling Information	Clinical Skills			
Care Certificate: Standards 15 Infection Prevention and Control	Clinical Skills			
Prevent Awareness Course	HM Government			
Infection Control Measurement	Clinical Skills			
Anaphylaxis in Adults	Clinical Skills			
Choking in Adults	Clinical Skills			
CPR in Adults	Clinical Skills			
Food Safety	Clinical Skills			
Moving and Handling Introduction / Equipment / Principles of safe handling.	Clinical Skills			
Moving and Handling: Getting in and out of bed and Moving in bed.	Clinical Skills			

## Mandatory Training

Moving and Handling: The Falling and Fallen Person and Transferring People with a hoist	Clinical Skills			
Moving and Handling: Weight Bearing Activities and Transfers	Clinical Skills			
Bowel Care	Clinical Skills			
Continence Care	Clinical Skills			
Administration of Medicines in a Care Home	Clinical Skills			
Simple Medication Calculations	Clinical Skills			
Controlled Drugs	Clinical Skills			
Medicine Calculations	Clinical Skills			
Medicine Management	Clinical Skills			
Mental Capacity	Clinical Skills			
Deprivation of Liberty, Safeguarding for Adults in Hospitals or Care Homes	Clinical Skills			
Diabetes Care	Clinical Skills			
Eye Care	Clinical Skills			
Hygiene	Clinical Skills			
Nutrition in Adults	Clinical Skills			
Observations	Clinical Skills			
Observations: Neurological Observations in Adults	Clinical Skills			
Sepsis	Clinical Skills			
Specimen Collection	Clinical Skills			
Stoma Care	Clinical Skills			
Wound Care: Pressure Ulcers	Clinical Skills			
RESPECT	Resus Council			
End of Life Care	Future			

Training statistics are checked monthly, and the management team aim to keep training levels above 95%.

Training is also offered practically, face to face and the staff group have received End of Life training, Fire warden training and manual handling in person. The deputy manager Tracy has completed train the trainer training which has been a great benefit to the home.

Healthwatch were advised that reporting and in-depth recording is now excellent, and staff find this easier now they have the PCS system that they can complete throughout their shift on handsets.

The G.P from Bridge Street Surgery, Brigg completes a fortnightly walk around Castlethorpe and any concerns can be discussed. The home has developed a positive relationship with the practice.

There was a call bell system in place that residents and staff could use to alert others if they required support or in an emergency.

Medication is delivered in pre prepared cassettes and is inputted onto an EMAR system called ATLAS. The home has also recently received input from the medication optimization team.

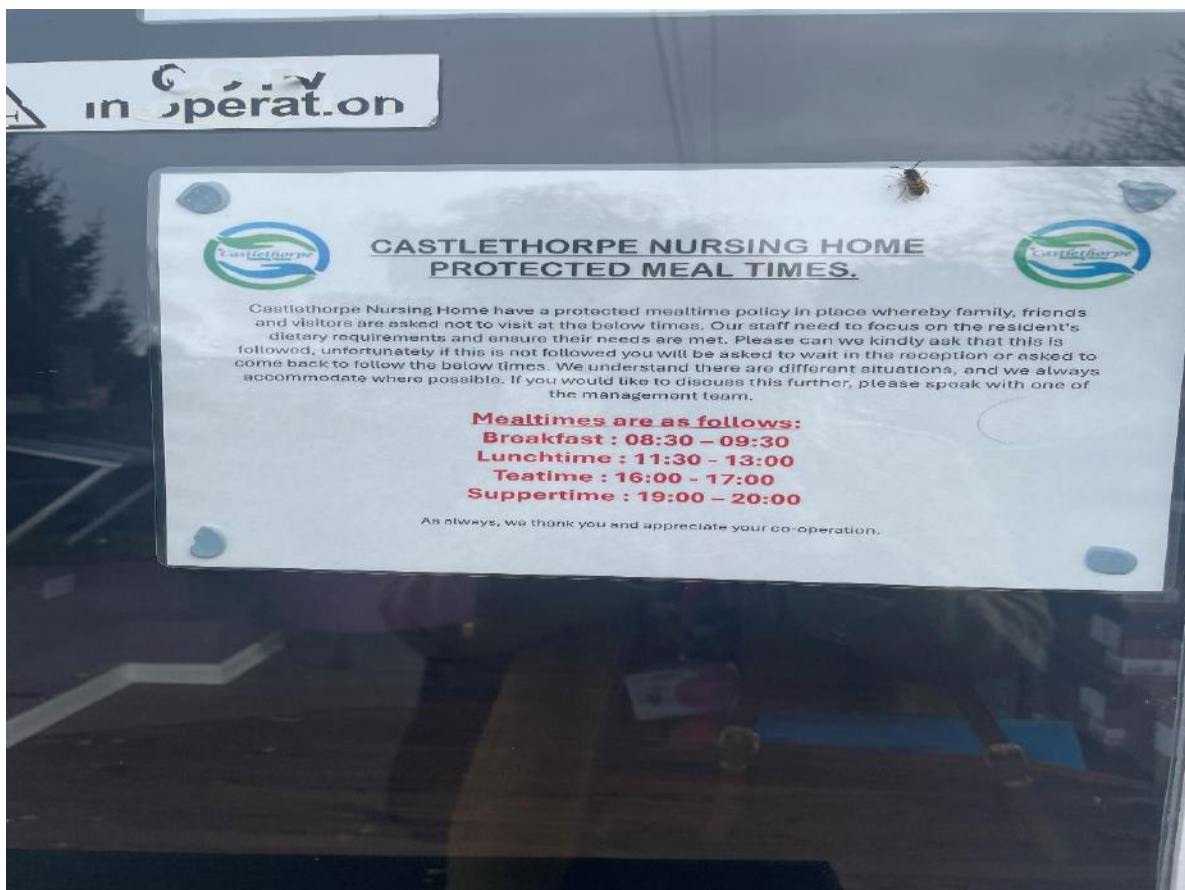
Residents' weight is monitored via monthly weigh-ins. If there are any concerns the nutrition team and SALT team will be contacted.

Various diets are catered for, one resident has their own crockery, and another's family brings them their own food items. The menu has two choices for each meal and other options such as jacket potatoes and sandwiches are available.

### **Resident's Health and Wellbeing**

Healthwatch was advised the office door is always open and that family members often pop in for an update and chat when they are visiting. One residents husband visits and stays most of the day and another comes at lunchtime to support their family member.

The Registered Manager confirmed that there are no restrictions on visiting, however they do prefer to protect mealtimes as explained in the picture below. Most residents are from the local area, which makes it easier for relatives to visit. Families are involved with admission where appropriate and are asked if they would like to support hospital or health appointments and are provided with updates on a regular basis. Friends and family can meet with their loved ones in their bedrooms, communal areas or use the outside garden area.



The residents have regular input and reviews from social work teams.

The Registered Manager confirmed that residents are included in any changes or developments within the care home through residents' and relatives' meetings and discussions. Surveys are distributed from time to time to capture feedback.

The manager advised that the carers are good at managing any concerns raised by relatives or family members. This avoids any escalation and offers reassurance.

The home does not have a specific activities coordinator but allocates a worker each afternoon to encourage and support social activities.

The home has a magic table, and residents are encouraged to join in activities such as gentle exercise, throwing a ball and listening to music. One resident was observed being supported by a staff member in the garden sweeping up leaves.

The home also has historically had a singer and organ player that visits the home which the residents looked forward to.

## **External Health Services**

The home has regular visits from external healthcare services such as the fortnightly G.P visit from Bridge Street Surgery, district nurses, Single Point of Access team, Physiotherapy, nutrition team, chiropodist and opticians. The home is not registered with a domiciliary dentist and residents will visit their own private dentist if registered.

When asked if there have been any issues accessing healthcare in the last twelve months, the Registered Manager confirmed that they hadn't had any significant issues. He did feel that the pressure would continue to increase on community nurses due to nursing homes deregistering to become residential.

## **What did residents say?**

During the Enter and View visit, Healthwatch spoke to six residents. Residents spoken to had lived there from a while to over three years. When asked 'How do you feel about living here, tell us what a normal day looks like?' residents responded with the following:

**“I enjoy being here as there is plenty of room and people to talk too”. “I like living here, I feel happy.”**

**“I would rather be at home. I had to come in due to mobility problems and falls”.**

**“50:50 I would rather be in my own place, but I am fairly happy with the accommodation here”.**

**“I just talk and listen to music. They used to play games and have a man in to play the piano, but that hadn’t happened for a while”.**

**“Get up at 6am, breakfast at 9am, I play draughts and dominoes with my brother and hangman”.**

When asked if they felt safe, all residents responded yes. When asked what made them feel safe, residents responded:

**“I feel safe in Castlethorpe, I like the atmosphere and the people.**

**“The place is secure and there are staff around”.**

When asked ‘How do you find the staff?’ residents told Healthwatch:

**I haven’t met a member of staff who hasn’t been nice, ever so kind-not heard a sharp word”.**

**“All very good”**

**“Nice”**

**“All very good, but some have language problems and there are sometimes not enough of them”.**

All residents said that if they wanted to raise a concern, they would feel confident to tell a staff member. Most residents spoken with said that they have friends or family who come and visit. When asked 'Do you feel lonely?' All residents spoken with said they did not feel lonely.

**"I enjoy the vicar's visits, or anyone who comes into my room to talk to me"**

When asked 'Have you been able to take part in any activities in the care home?' most people said no.

**"They used to play games and have a man in to play the piano, but that hadn't happened for a while".**

**"I have been invited to take part in activities but have not taken up the offer".**

**"I like to read books and watch my own TV".**

All residents spoken to confirmed they could go out in the garden if they wanted to.

**"I really enjoy looking at the birds, squirrels and rabbits from my window. If I am awake in the night, I can look out and watch the rabbits for ages".**

**"I have been offered walks in the garden but am not very mobile so prefer not to. The home could do with a gardener, as it is getting overgrown".**

All residents that were asked gave mixed reviews of the food.

**"The food is lovely, I have breakfast, full dinner and a sweet at lunchtime and cakes at teatime".**

**"Crap! We ordered the meal the night before, but I have a problem with my teeth so I can't manage a lot of things. I ordered fish pie once as I thought it would be soft and easy to eat, but it was still frozen in the middle. The mash is instant, and I had some cauliflower and broccoli that was so hard that the knife wouldn't cut it".**

**"Poor quality, frozen and pre-packed. Very small portions. I miss home cooked food"**

**"The food is alright, sometimes get a choice".**

**"Okay"**

**“I cannot grumble about the food, roast beef and yorkshire pudding, they ask me the day before what I would like to choose”.**

When asked if there was anything else to say about living in Castlethorpe. One resident stated, **“I enjoy it, the people are good and friendly”** another stated **“there are only three staff at night, which seems not many for the number of residents”** and a third resident commentated **“I have adapted to living here”**.

### **What did family and friends say?**

Healthwatch got the opportunity to speak to two family members during this visit. Both residents that they were visiting hadn't been living there for long, seven months to just over a year. When asked 'Tell us about the standard of care your relative/friend receives?' they responded:

**“Good, otherwise I would not keep her in here. Staff are very obliging”**

**“The staff are brilliant and have bent over backwards to help, it's the most settled they've been in a home”.**

Family members said that they would feel comfortable raising any concerns with the Registered Manager. One had already done this on behalf of their relative, about the central heating, and a heater was provided.

Unfortunately, due to the change in provision from nursing to residential care, one family member stated that their relative is now having to move out. The Registered Manager had been very supportive with this.

Both felt that their family members wanted for nothing. When asked 'Can you tell us about any activities or entertainment that takes place in the care home?' One relative answered, **“I did see some, but my relative did not join in as she likes to be out of the way”**, another stated **“there use to be more activities going on within the home, someone used to come in and throw balls with the residents”**.

When asked 'Is there anything else you would like to tell us about the care home? One relative stated that they had no complaints. Another comment was that staff knew their relatives well.

## **What did the staff say?**

Healthwatch spoke with four members of staff during the visit. The staff spoken to had worked at Castlethorpe anywhere from one year to four years. The four staff members said they enjoyed working there, felt supported in their role, and felt management were approachable and helpful – they felt they could raise any concerns if needed and that they would be acted upon. When asked 'What is the most enjoyable part of your job?' staff responded:

**“Knowing that the residents are happy with what I do”.**

**“Spending time with different people and hearing their life stories. Every day is different”**

**“Making the residents happy and consequently feeling relaxed myself”**

**“I’m attached to them, if they leave, I am sad”**

Staff spoken to feel the setting provides person centered care and that they were able to respond effectively to resident’s needs and had adequate time to support residents. Staff felt they knew residents’ personal preferences, backgrounds and history and that residents are treated with kindness and compassion. Staff also felt they had time to adequately support residents.

When asked 'Do you feel there are adequate members of staff on duty?' Everyone who was asked said yes. All staff agreed that staff absences were well managed. Staff confirmed that they had completed induction training when they first started in their role and that training was ongoing. When asked 'Is there any additional training you would like?' one staff member told Healthwatch they would like to complete their NVQ level 3.

Healthwatch asked staff 'If there was one thing you could change, what would it be?' Staff answered saying **“sometimes there are cultural differences between the staff and residents and there can be language/accent**

**difficulties. Everyone is spot on although they might struggle to understand sometimes as there are six different languages amongst the staff”.**

**“To have more training and to start later in the morning, currently do 07:00am to 7:00pm”.**

**“Nothing to change”**

**“To have an activities co-ordinator, currently the staff have to organise activities for residents”.**

When asked if you’d like to tell us anything else. Positive comments or concerns? staff told Healthwatch:

**“Management and staff are really good, colleagues are helpful”**

**“All positive”**

**“Would be good to share multi-cultural values, eg food sharing activities. We currently have staff from Africa, Bangladesh, India, Poland, Nepal and England”.**

## **Observations**

Healthwatch spent time observing interactions in the care home during the visit.

### **Control over daily Life**

Healthwatch observed staff supporting residents to meet their needs. There appeared to be several staff on duty in the communal areas supporting residents to move around the care home. Healthwatch observed a member of staff making sure that a resident wasn’t pushed in their wheelchair by their relative with their foot dangling down. A slipper was also gently put back onto a resident’s foot after it had slipped off. Two residents could be seen outside in the garden digging and smoking a cigarette. Residents’ rooms were individualized and had their own personal belongings.

## **Personal cleanliness and comfort**

Healthwatch observed that residents looked clean, tidy and comfortable. Most staff wore a uniform and were cheerfully going about their business. PPE was worn by staff when supporting to feed residents and serve food.

## **Safety**

During the visit, no safeguarding concerns were observed or raised with the Healthwatch team. A light wasn't working in one of the corridors. This was acknowledged by a member of the office staff and was in the process of being fixed. Healthwatch observed staff wearing PPE (gloves and aprons) to dispense food and medications.

## **Accommodation and cleanliness**

Overall, the cleanliness and décor of the care home was of a good standard. All the furniture was well kept. We were shown a cinema room, and a room used as a salon. We were advised that the cinema room was used more for staff training than for residents watching a film, and that a hairdresser would visit the home once a week.

The lounge felt bright and airy, with curtains matching the pictures. There was a piano in the lounge and a clock that needed a new battery. It felt warm. The TV was on, and music was playing from the Magic Table. There were newspapers that could be read, as well as a bookshelf of books.

When invited into residents' rooms, Healthwatch noted that they were personalised with photographs and residents' belongings. A call bell was on a side table within reach of the person, should they need it.

All bathrooms and communal areas were clean and tidy. We had a look in a couple of empty bedrooms, they were both different in size. It was explained that some rooms had ensuite bathrooms, but others would share a bathroom. Rooms were on both floors, which could be accessed via a lift or stairs.

There was a dementia clock in the dining area. But the environment didn't appear to be dementia friendly, only one door was seen with a toilet sign.



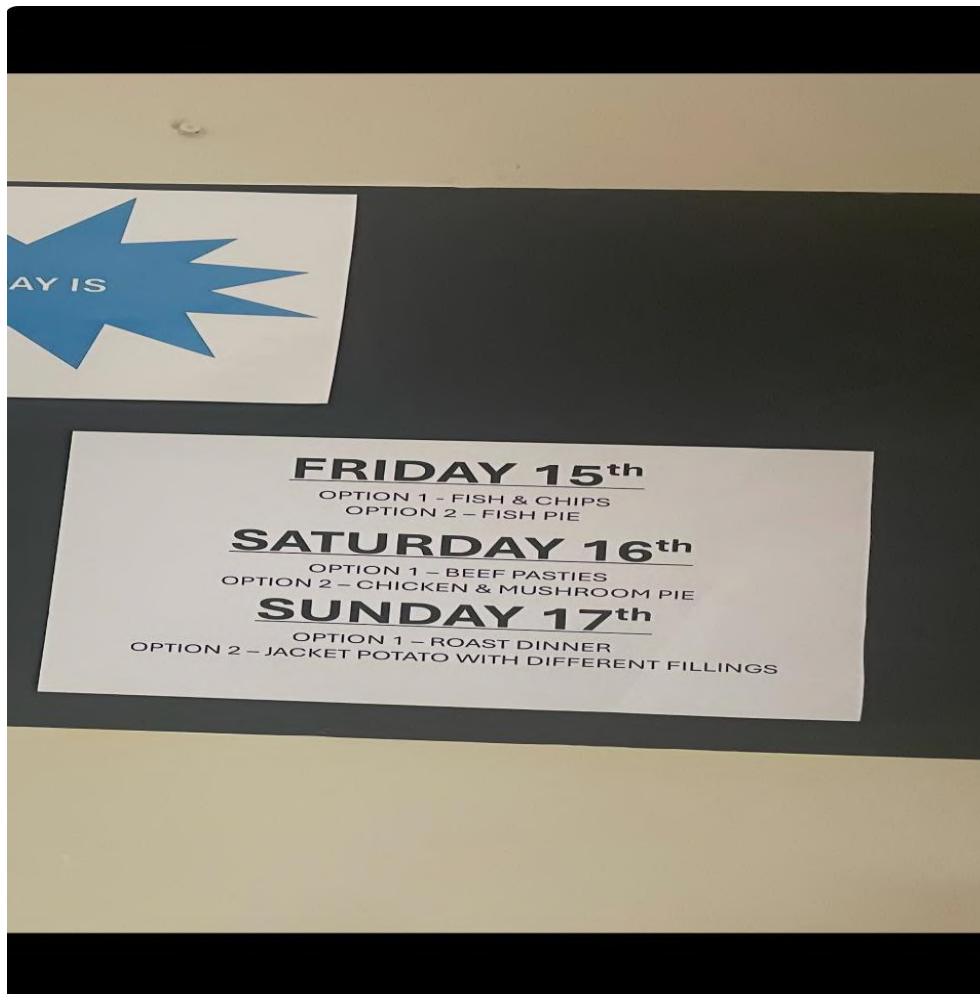
### **Food and nutrition**

Healthwatch saw a food menu written (no pictures) on the noticeboard in the lounge. There were two choices offered.

Healthwatch observed the drinks round take place just before lunch. A cold drinks station was available in the living room/lounge area.

Adaptive cutlery and beakers with spouts were observed available on the tables in the dining area.

Healthwatch observed that residents were encouraged to have their meals in the dining area but were also supported to eat where they were sat in the lounge area.



### **Activities, social participation and involvement**

Healthwatch did not observe any activities during the visit. There wasn't a visual activity planner to advise what would be happening during the week.

The magic board was playing Elvis. Residents advised they enjoyed an organ player and singer that has previously visited, but this hasn't happened for a while.



## Conclusion

Overall, Healthwatch found Castlethorpe Nursing Home to provide a welcoming and comfortable environment, staff and residents appeared happy and relaxed.

The Registered Manager had invited Healthwatch into the home and was honest and open, happily sharing examples of how the home operates, their current focus and future plans.

The home was warm, clean and tidy, and was currently undergoing a longer-term refurbishment plan.

Staff were observed engaging and responding appropriately to residents in a timely and caring manner.

Staff felt well supported in their role and stated that management were approachable and helpful.

Relatives that we spoke to felt assured that their family members were well cared for and comfortable, stating they want for nothing. They also advised that the staff knew their relatives well.

Healthwatch observed that there appeared to be a lack of social stimulation and planned activities within the home.

Healthwatch would like to thank the Manager and all the staff at Castlethorpe Nursing Home for inviting us to complete the Enter and View visit.

## Highlighting good practice

Healthwatch would like to highlight the following good practice observed during the visit:

- Healthwatch found the management team to be open and honest. The manager had invited Healthwatch into Castlethorpe to complete the enter and view.
- Residents advised they felt safe at Castlethorpe Nursing Home
- Staff were confident and happy in their roles which reflected in the care the residents received.
- Family and friends advised nothing is too much trouble for their relatives.

## Themes and recommendations

The following themes and recommendations are being made based on the feedback and observations made during the visit:

Theme: Social stimulation

Recommendations:

1. The Care home manager should consider implementing an activities schedule/planner and provide a variety of stimulating activities for residents to engage in.

2. The Care home manager should consider inviting entertainment into the home on a regular basis, this could be singers, exercise groups, animal therapy etc.

Theme: Communication

Recommendations:

3. The care home manager should consider using pictorial menus to aid understanding and choice.
4. The director should consider implementing dementia friendly décor and signs within the building refurbishment.

Theme: Health

Recommendations:

5. The care home manager should consider registering the home with a domiciliary dentist service to ensure those who wish to receive a regular dental check-up and treatment have the opportunity.

Signed on behalf of Healthwatch North Lincolnshire:  L.Wilkinson	Date: 17.12.2024
--	---------------------

## **Provider response to recommendations:**

Providers have 20 working days to respond to recommendations. This can include why they may or may not take on board the recommendations.

The report was what we could have hoped for and no concerns from ourselves.

We have taken on board your thoughts regarding activities and have now introduced a weekly activities planner which has been well received.

Kind Regards,

**Lee Patrick**

**Manager**