Cedars Castle Hill

Castle Hill House

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 2 March 2016. It was carried out by one inspector.

Castle Hill House provides accommodation and personal care for up to 30 older people, including people living with dementia. There were 26 people living in the home at the time of our visit.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

At our last inspection of Castle Hill House in October 2014 we had concerns that people were not protected against the risks associated with the management and recording of medicines. At this inspection we found improvements had been made.

People received their medicines safely. There were systems in place for ensuring people received their prescribed medicine and that staff signed for it when it had been given. Staff knew when to request medical advice if needed if people declined to take their medicine. If people needed to have a cream applied there was appropriate guidance for staff.

There was a staffing calculation tool which helped plan for how many staff were needed to support people safely. There were enough staff to meet people's needs. New staff were recruited safely and when agency staff were used there was evidence that the appropriate checks had been carried out.

People received personalised care and staff treated them as individuals. Staff knew peoples' likes and dislikes. They offered choices such as when people wanted to get up or what they wanted to eat. There was a variety of activities such as skittles, arts and crafts and food fun. Staff had arranged for people to come to the home to provide activities, such as singing and drumming. There had been a talk from a representative of the local museum.

Staff had received sufficient training to support them to carry out their jobs. They received regular supervision and had either received or were booked to have an appraisal. They told us they felt supported by the management team and were comfortable making suggestions.

There were systems in place for monitoring the quality of the service and to the care and support that people received. If there were areas for improvement that were highlighted through the audit process there were action plans to rectify the issues.

People had access to healthcare when they needed it. We saw people had appointments with a variety of

healthcare professionals and staff recorded the outcome of these appointments in peoples care plans. People had a hospital passport which they took to hospital with them. This important information travelled with them for healthcare staff to have access to.

People were treated with dignity and respect and their privacy was maintained. Staff were caring towards people and there were positive interactions between people and staff. Staff were responsive to people who had difficulty communicating verbally.

Staff were aware what constitutes abuse and what actions they should take if they suspected someone was being abused. Staff were able to tell us what they would do if they had concerns about poor practice and were aware of how to escalate concerns.

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. People were supported by enough staff.

People received their medicines safely and as prescribed. Medicines were stored safely and at the correct temperature.

People were at reduced risk from harm and abuse. Staff had received training and were able to tell us how they would recognise abuse and how they would report it.

The home was maintained safely. There was regular maintenance cover and schedules to ensure checks were carried out as required.

Is the service effective?

Good

The service was effective. People were cared for by appropriately trained staff.

People had sufficient food and drink and were provided with choices at mealtimes.

People were cared and supported by staff in the least restrictive way. Staff had a understanding of the Mental Capacity Act 2005 (MCA). The manager understood their responsibilities regarding Deprivation of Liberty Safeguards (DoLs).

People received healthcare when they needed it.

Is the service caring?

Good

The service was caring. People were cared for by staff who treated them with kindness and compassion.

People had their privacy and dignity maintained. People and staff had formed positive relationships.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

The service was piloting new care plan documentation and had an improvement plan to ensure that peoples care plans had regular reviews.

People had opportunity to engage in a range of social and leisure activities.

People had personalised plans which took into account their likes, dislikes and preferences.

There was a complaints policy and complaints were investigated by a member of the management team.

Is the service well-led?

Good

The service was well led. The manager had identified where improvements were needed and had a plan how to ensure they were made.

People and staff told us the manager and senior staff were accessible and available.

There were systems in place to monitor the quality of the service and to ensure improvements were ongoing.

Castle Hill House

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 2 March 2016; it was carried out by one inspector and was unannounced.

Before the inspection, we did not request a Provider Information Return (PIR). A PIR 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 gathered this information at the inspection, we asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with four people and three relatives. We also spoke with eight staff which included the home manager, the home services manager, kitchen staff, activity staff and care workers. We looked at four care records and six staff files. We also spoke with two healthcare professionals and contacted a representative from the local authority. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We found the provider had made improvements since our inspection in October 2014, in relation to the safe administration and recording of medicines. Our previous inspection found that some people did not receive their medicines as prescribed. Following our visit the provider wrote to us and told us they would take action by April 2015.During this inspection we found improvements had been made.

People told us they felt safe living in the home. One person told us they had been living alone before moving into the home and they were glad they had made the decision to move as they felt "Much safer now." A relative told us the "It is second to none- I have absolute confidence in (my relative) being safe here."

People received their medicines safely. Senior staff had responsibility for administering medicines. They received theory and practical medicines training and there was a system for ensuring that staff were up to date with it. We saw one member of staff was overdue their annual refresher however we were told that this had been booked. All senior staff were involved in monitoring the Medicine Administration Records (MAR). There was an ongoing "gaps audit" which was a means for senior staff to record if a medicine had not been signed for. The deputy manager told us this had been effective in reducing unsigned MAR. As well as this there was a monthly check of the medicines. For example it was noticed in one check that a label had become unreadable, once this had been identified, replacement medicines were ordered. People had a regular review of their medicines with their GP who visited the home regularly. One person was known to refuse their medicines and we saw they had a care plan which provided guidance for staff, such as when to seek medical advice. We saw that staff remained with people and offered them a drink when administering medicines. People who needed to have cream applied had a chart in their rooms which gave staff clear instructions including a body map. We saw creams had been applied as indicated on the charts. Medicines were stored correctly at the right temperatures.

People's risks were assessed and care plans developed to ensure they received care which minimised their risks. A variety of risks were identified which included risk of skin damage, falls and weight loss. Staff told us the care plans provided them with the right guidance so that they could support people safely. For example one person was at risk of developing skin damage. Their care plan detailed the type of mattress, the correct mattress pressure and recommendations on the frequency of when they needed to be repositioned. Some people had specific risk assessments which were personal to them, we saw that staff had been respectful of people's requests to maintain their independence and their care plan supported them in this.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. The manager had made appropriate referrals to the safeguarding team when necessary, for example on one occasion a person had bruising which had not been acquired in the home.

Staff were aware of whistleblowing procedures. Staff told us they would initially raise concerns with their manager however if this was not resolved they knew how to escalate their concerns further.

People were cared for by sufficient staff. The manager told us there was a system for identifying people's level of dependency. This meant they could calculate how many staff the service needed to ensure that people were cared for safely. We were told there was always a minimum of five staff on in the mornings and four in the afternoons, with four on during the night. The duty rosters verified this. The manager told us they had some problems with staffing in recent months and this was partly to do with staff leaving as well as to do with staff sickness. They had recruited some new staff and were continuing to advertise to fill a supervisor vacancy and two housekeeping staff. The manager told us they had taken some actions to support staff to reduce sickness levels and where necessary they were following formal processes to manage it. The manager told us there was occasional use of agency staff. There was a record of agency staff with details on their experience; training and relevant recruitment checks had been confirmed.

Staff were recruited safely. The provider ensured all the necessary checks were carried out prior to the person starting work, for example references were obtained and relevant criminal records checks were completed.

There were maintenance staff available Monday – Friday and on call advice was available at weekends. There was a maintenance schedule which ensured that the environment and equipment was safely maintained. For example there were checks carried out on the electrical equipment and an annual boiler test. The manager told us they had a business contingency plan which they had practiced recently. This is a plan to ensure that people will be supported safely in an emergency such as a gas leak. People had their own individual evacuation plans which ensured staff knew how people could be supported safely to leave the building in an emergency situation.

Good

Is the service effective?

Our findings

People received effective care.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 by 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.

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). The service had made applications for DoLs authorisations for a number of people using the service. Some people had been assessed by the local authority and had a DoLs authorised. One person had conditions applied to their DoLs which staff were able to describe to us.

Staff had received training in the MCA and understood the basic principles of the act. They were able to describe to us how they supported people to make decisions, such as offering people a choice, talking with their families and considering their previous wishes. They were able to demonstrate how they supported people in their best interests. For example one person who lacked capacity frequently refused to have support with personal care. Their care plan identified strategies for staff to use to help support the person with their personal care needs, such as giving the person time or changing the member of staff. Staff were able to confirm they utilised these strategies so that they used the least restrictive approach to support the person, this was recorded in the care records. There was also guidance for staff on how to protect themselves from injuries or harm.

Staff told us they had enough training to enable them to carry out their roles. A member of staff explained they had an on-line training account which flagged up when they were due to complete training; they had recently completed moving and handling and fire safety. They received mandatory training such as fire, first aid, food hygiene and health and safety. A senior member of staff was allocated responsibility for co-ordinating training .There was a system for ensuring that staff were up to date and if staff were overdue they were formally prompted to complete it. New staff had commenced the Care Certificate. This is a nationally recognised industry specific training aimed at new staff without caring experience.

New staff completed an induction period. This consisted of shadowing an experienced member of staff for two weeks before working unsupervised. One member of staff told us "it was good." They did not have previous caring experience and found the induction prepared them for the job role. The manager told us that if staff needed longer to complete their induction they would be supported to do so. They described the process as very much two way and they wanted staff to feel confident as well as be competent to do their job.

The manager showed us a new structure they were implementing for staff supervision. This meant that team

leaders and supervisors would also have some responsibility for supervision. Staff told us they received supervision and they felt supported. Managers told us they had changed how they conducted supervision.They explained that previously staff considered supervision as a negative whereas the approach now was "What do you want to know more about." One member of staff said that supervision happened daily and that they could always get support and guidance from a senior member of the team. They told us they could approach their supervisor at any time if they felt they needed additional support. Staff received an annual appraisal one member of staff told us they had been put forward for some training following their appraisal. Staff who had not received an annual appraisal had one booked.

People told us the food was very good and we saw people enjoying breakfast and lunch. One person said "It's lovely, nice and hot." They did not pre order food and were offered a choice. This meant people could make a choice at the time based on what they wanted then. At breakfast they could have cooked or uncooked food and at lunchtime there was a choice of two hot meals. The house services manager told us they planned menus in advance based on people's feedback and on seasonal foods. They told us if people had wanted an alternative meal this would be provided. On the day of our inspection we saw some people asking for and being provided with adaptations of the menu. One person did not want a hot meal and asked for sandwiches, which were provided for them. A relative told us that if they ask for anything specific the staff "just get it." They gave an example of requesting a picnic supper and getting "exactly what we wanted."

People had nutritional assessments so that any concerns were identified and if needed a special diet was provided. Staff were able to tell us about people's dietary needs for example one person was on a fortified diet and they needed encouragement to eat. Staff were able to tell us why the person was on a fortified diet and that they had a poor appetite. The person's weight was monitored weekly and there was a list of their preferences. There was a list in the kitchen of people's diets and likes and dislikes and special diets. This meant kitchen staff knew at a glance and were able to provide alternatives if needed. People had a choice of where they wanted to eat their meals, the dining area, the garden room or their own rooms.

The house services manager told us they had been on recent training for nutrition for people living with dementia. They told us they had also done some research on supporting people who are living with dementia at meal times. They told us that for some people they used blue crockery, they found this was helpful as people were able to differentiate the crockery from the food as they told us "There is not any food which is blue."

People had access to a range of healthcare professionals based on their health and social care needs. One person was visited by their GP during our inspection and we saw there were also visits by a range of other healthcare professionals. For example the community mental health team and community rehabilitation team. One relative told us staff are "efficient" in obtaining healthcare when it is needed. People had a hospital passport which staff had developed so that when people needed to go into hospital they could take their hospital passport with them. This contained important information about people including essential medical and medicine details. Staff told us it was an effective way of ensuring people received the right care.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. They told us staff were very good. One person told us "I'm absolutely incredibly well looked after, I have everything I need, the staff are great." A relative told us "There is so much care, affection, empathy, staff consideration is unparalleled." Another relative told us "It's brilliant, everyone is fantastic."

Staff spoke warmly about people and were able to talk with us about people as individuals. A member of staff talked about how they loved working with people and they do the job because "I love helping." Another member talked about people they supported and commented, "They come first." Staff approached people respectfully and used body language to ensure they had eye contact with people. For example staff knelt or sat down when talking with people who were sitting .We saw staff took time to talk with people . People were provided with choices such as when they would like support to get out of bed and where they would like to sit.

People and staff had built up positive relationships. One relative told us their loved one "Really gets to know staff," another described how staff have built up relationships with all their family and how important that has been for them. Another relative commented Castle Hill House ,"It's like home." They mentioned one member of staff in particular who "Just sits and spends time."

Staff were responsive to people. Some people living with dementia had different communication needs and were unable to articulate themselves verbally. We saw staff were attentive and explained to people in a way which they were able to understand. Staff were patient with people who needed to have things repeated. Staff responded to people's emotions, such as one person was laughing and using humour however they were unable to articulate verbally , staff responded warmly to the person and were smiling during the interaction.

Staff were respectful of people's privacy and dignity. We saw staff knocking before entering peoples rooms and personal care was carried out discreetly.

People and their families had involvement in decisions about their care. One person had made a decision not to take a certain medicine which had been prescribed to them. We saw this had been documented and the person's decision respected.

The home was awarded accreditation with the Gold Standards Framework in Care Homes and achieved a beacon status. This is a nationally recognised award which recognises the high quality of care provided for people at the end of their life. One relative told us the end of life care for a loved one had been sensitive and caring and they felt supported through the whole process. They said that staff provided care "from the heart." Staff told us they attended the GP surgery for multi professional meetings for people who were at end of life care.

Good

Is the service responsive?

Our findings

People received a responsive service. The manager told us that they had an improvement plan regarding people's care plans and how they were reviewed, as some had been missed. They told us some gaps were also identified in people's records such as fluid charts. The deputy manager showed us that they had since been through each person's care plan to ensure all information was current and applicable and reviews were either carried out or scheduled to be done. There was also a plan to introduce new care plan documentation either in paper form or electronic. The deputy manager was leading on a pilot of new care plan documentation and was in the process of reviewing the progress. It was being fed back to senior management and the trustees. A decision had not been made at the time of our inspection as the manager told us they were looking at different options. Additional support for staff had been arranged. There was a plan for a member of staff from another care home in the company to visit Castle Hill House on a weekly basis to review records and provide guidance to staff. The manager told us that as from the 1 April 2016 they planned to align peoples review dates on a monthly basis with their room number, therefore the person in room one would have a review on the first of the month and so on.

The manager told us there had not been any recent meetings held for people to express their views however described how feedback was received informally. People and their relatives told us they were able to make suggestions. One person told us "If I want anything I only have to ask." We saw peoples care plans reflected they had been asked how they would like to be supported. Feedback from people had not been received through a survey or questionnaire since 2014. We spoke with the manager who told us there were currently discussions about developing a new format, as they found the last one was "too complicated." Information about the home was available for people and their relatives in each of their rooms such as when holy communion was available and that there were no restrictions on visiting times.

People received personalised care and support based on their individual preferences, likes and dislikes. The manager told us people could personalise their room with their own belongings and furniture. People could choose what colour they wanted their room painted as well as their curtains and bed linen. There were some restrictions based on paint and upholstery which needed to be fire retardant. Other than that we were told it was up to people what they would like. One relative told us they were able to personalise their loved ones room and "It is perfect." Peoples care plans were individualised, such as one person did not like their hair being washed and preferred a shower to a bath. There was a key worker system which meant people were allocated a specific member of staff, who got to know them well and had responsibility for making sure the person had the care and support they needed.

People had access to a wide range of social and leisure activities. There were three activity coordinators who provided daily cover. Two staff were rostered in to cover an activity session in the morning and one in the afternoon. Most activities were organised in the garden room This led out into a specially designed garden for people living with dementia. It included a sensory area and vegetable patch. Staff told us they grew vegetables such as carrots which they involved people in growing and then involved them in using the ingredients for cooking, such as soup. They told us "We make the most of it and people enjoy it." There were also a selection of pets including budgies, fish, cats and rabbit. Staff told us the rabbit was tame and some

people enjoyed petting it. There were also regular visits from Pets as Therapy dogs and dog walking sessions.

There was an activity calendar which included sessions such as skittles, arts and crafts, get moving, flower arranging and food fun. Staff told us they considered a number of factors when planning the activities which included "Things people used to do." They found that people were able to pick up easily on things they used to do, for example baking and they enjoyed it. Room visits were scheduled in daily for those people who stayed in their room. Staff told us they always offered people a choice to join in an activity but if they declined they would offer them one to one time which might involve reading or board games or "just chatting." We saw staff kept a record of when people had participated in an activity or if it had been offered and they had declined. One person had stated in their care plan that they preferred to remain in their room; they preferred activities such as listening to music or using the internet. There were also entertainers booked on a regular basis. During our visit there was a drumming session and a singing session which we saw people participating in and enjoying. Links with the community were encouraged such as the local museum had visited to deliver a talk. Trips were also organised regularly for example some people had been on a trip to a wildlife park.

There was a complaints policy and complaints were logged and there was an investigation of the complaint. The policy stated that a resolution of a complaint was to be achieved within 21 days. We saw that a complaint had gone through a formal investigation process and there was a record of resolution within the 21 day timeframe. Managers monitored complaints and there was a monthly check.

Good

Is the service well-led?

Our findings

The service was well led. One person told us "It is nicely run and laid out here." There was a clear management structure in place which included the registered manager who was registered for two locations including Castle Hill House. There was a manager responsible for day to day management of the home who was supported by a deputy and assistant deputy manager. There was either a team leader and a care supervisor on each shift. They had responsibility for ensuring that people received the care and support they needed. There were two other management positions which were a systems manager and a house services manager. Their roles included activities such as, data gathering, coordinating training and production of the rosters. There was a senior member of staff on each shift and out of hours there was on-call cover. Managers told us it was important to maintain a hands on approach whenever possible. For example during our inspection the house services manager was covering for the cook. This meant that managers had an understanding of the demands of the work at all levels.

There was a monthly reporting system to senior management and the board of trustees. This included information about accidents and incidents, staffing and actions from audits. The manager told us they provided a further detailed report every three months.

Staff told us they felt comfortable making suggestion and felt supported by management. One member of staff told us they suggested people were offered a hot drink after lunch and that since it had changed people have given positive feedback.

The manager told us they monitored the quality of the service through regular audits. There was an audit programme which included daily checks, such as fluid charts. Other checks were monthly, for example there were audits of mattresses and people's recording charts for cream. The results were colour rated according to compliance. Where the rating suggested improvements were needed we saw actions had been taken. For example in one audit gaps in recording peoples creams were identified, there was a plan to address this with staff. The manager told us they listened to the views of people and their families on an informal basis, one relative confirmed this and told us they could always approach staff if they had any suggestions.

Meetings were held for specific staff groups such as senior managers, managers, team leaders and house services meetings. We saw information was cascaded through the meetings for staff, such as care plans were being updated.

Accidents and incidents were reported in accordance with the service policy. There was a monthly accident and incident analysis to identify trends such as falls. Managers had instigated a root cause analysis following one person's fall. This was a systematic way of understanding how an incident occurred and helped identify how it could be prevented again in the future. On this occasion it was established staff did not follow the correct falls procedure. Additional training was implemented to address this.