

Restful Homes (Midlands) Ltd.

# Castlehill Specialist Care Centre

## Inspection report

390 Chester Road  
Walsall  
WS9 9DE

Tel: 01543331909  
Website: [www.restfulhomes.co.uk](http://www.restfulhomes.co.uk)

Date of inspection visit:  
05 April 2023  
06 April 2023

Date of publication:  
05 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Castlehill Specialist Care Centre is a residential care home providing personal and nursing care to up to 84 people. The service provides support to people who are living with dementia. At the time of our inspection there were 74 people using the service.

The care home is an adapted building across three floors comprising the separate units The Shires, Coppice, Brooklands, Sandhills and Beeches. The home had a number of communal lounges, a cinema room and access to an outside space on each floor.

### People's experience of using this service and what we found

People, relatives and staff told us they felt the care provided at the home was safe. Staff had received training on how to keep people safe and knew what to do if they had concerns. Risks to people were appropriately managed and reviewed regularly to reflect any changes in medical conditions.

At the time of our visits, there were enough staff members on duty to meet people's needs. The provider had safe recruitment processes in place. Some people were assessed as needing 1 to 1 support from staff, we observed this was in place. Medicines were administered safely. We found there were effective infection control measures in place.

The provider had used and continued to use agency staff. The registered manager and nominated individual had been taking steps to reduce the use of agency staff with the recruitment of permanent care and nursing staff. Where agency staff were being used, the registered manager had tried to make sure they were block booked to maintain consistency. The agency staff we spoke with were knowledgeable about people's support and care needs.

People's care and support needs had been assessed and were reviewed. People and relatives told us they had been involved in those reviews. Staff had received training to support them in their roles. People's dietary needs were being met alongside support from external healthcare professionals. People told us they were offered a choice of food to make sure their dietary needs were being met. People were supported by staff to access health and social care services with regular support from the community nursing and health teams. The home had facilities such as a bar area on the ground floor where visitors were able to spend time with their loved ones.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us they felt able to raise concerns and approach the registered manager. Regular audits had been carried out to make sure ensure the quality and safety of the care was maintained. Surveys

and meetings were held with people, relatives and staff to gather their views and make any improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk) Rating at last inspection

The last rating for this service was good (published 14 April 2022).

#### Why we inspected

We had received a number of safeguarding concerns relating to people's safety. These included high number of falls, poor personal care, unsafe moving and transferring practices, unexplained bruising, poor nutrition and hydration, high use of agency staff and staff shortages. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of avoidable harm from these concerns.

Please see the safe, effective and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castlehill Specialist Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Castlehill Specialist Care Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team comprised of one inspector, a Specialist Nursing Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of inspection, only the inspector was on site.

#### Service and service type

Castlehill Specialist Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Castlehill Specialist Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This first day of this inspection was unannounced with an announced second day of inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information available through Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people and 4 relatives about their experience of the care and support provided at the home. We also spoke with 9 staff, including care, domestic and nursing staff; the registered manager, the nominated individual and the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 9 care plans and 4 staff files and a variety of records relating to the management of the service. These included audits, policies and processes, training for staff and medicine records. We received feedback from a visiting clinical professional.

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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with all told us they felt the home was a safe environment to live in. One person told us, "I feel happy and safe here." A relative said, "[Person] is definitely safe (at the home), they've been here 2 years, and it couldn't be better."
- Staff were aware of their legal duty to safeguard people from the risk of abuse. There were processes in place to support staff to report any safeguarding concerns, incidents and accidents. One staff member said, "If I saw or heard anything that concerned me I'd report it to my senior or the manager."

Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly to make sure they provided guidance for staff. Each person's care plan had a number of risk assessments in place which were specific to their individual needs. For example, some people were at risk of falls. Although we found one person's care plan had not been updated to reflect one medical condition. However, this was rectified and in place by the end of the first day and the person had not come to any harm. Staff were knowledgeable on how to manage risks to people.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken equipment was checked and maintained. This ensured people were supported safely.

Staffing and recruitment

- At the time of our visits, there were enough staff on duty to meet people's needs. People assessed as requiring 1 to 1 and 2 to 1 support had those staffing levels in place. Staff we spoke with told us they thought there was enough of them on duty. One staff member told us, "There may be the odd occasion when staff might not turn up because they're ill but the manager will always find us cover, I can only speak for me but I don't think we've ever really been short on numbers." One person said, "I think they've (the provider) relied on a lot of agency staff, but they've all been good."
- Staff were recruited safely. The service followed safe recruitment processes to ensure staff were suitable for their roles. This included undertaking Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored and disposed of safely in line with legal requirements. They were regularly audited including checks on recording administered medicines as well as temperature checks on medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be

identified and addressed.

- Staff administering medicines had received the appropriate training to safely administer people's medicines. People and relatives we spoke with told us there had been no issues with medication administration. Staff competencies had been regularly assessed. We saw staff administered medicines to people safely.
- There were protocols in place to evidence mental capacity assessments were completed and best interests' meetings had taken place for two people whose medicines were administered covertly. There was no evidence a pharmacist had been consulted on the safe administration method. It is good practice to consult a pharmacist to check if it is acceptable to crush medication or to open capsules as this may alter the properties of the tablet or capsule. This was resolved immediately on the day with the nursing staff contacting the pharmacist for guidance.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were able to see their friends and relatives at times suitable for them. Procedures were in place to receive visitors safely. Personal protective equipment, including masks and hand sanitiser was available for all visitors to use should they wish. A relative told us, "The staff are great, they let me stay as long as I want."

#### Learning lessons when things go wrong

- There were processes in place for the reporting of accidents and incidents. Staff knew how and who to report incidents to.
- We saw specific details and any follow up measures to reduce risk of a re-occurrence were recorded. Any subsequent action was shared and analysed to identify any trends or patterns. Any learning was shared with staff at supervision as well as team meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been appropriately assessed by the provider prior to them joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability. Care records had been reviewed and updated to reflect people's changing needs.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- Staff had received training to support them in their role. This included safeguarding, health and safety, equality and diversity. Staff we spoke with told us they felt the training was good and gave them the skills they needed to effectively support people. One person told us, "They (staff) are good and helpful with anything I need really."
- Staff completed an induction when they first started working at the home and 'shadowed' more experienced members of staff until they were assessed as competent to work unsupervised. One staff member told us, "The training is very good, we have face to face and on-line training and if we feel we need more training, the manager will arrange this for us."

Supporting people to eat and drink enough to maintain a balanced diet

- Everyone we spoke with told us how much they enjoyed the food. One person said, "The food is good, they let you choose what you want, and if I don't like it, they will take it away." Another person told us, "Food can be fantastic, but I don't get enough fresh fruit and veg." We discussed this with the registered manager and the staff immediately spoke with the person to make sure their food choices were being met.
- People at risk of choking had been assessed by the appropriate health care professionals. For example, Speech and Language Therapist (SaLT). Staff knew people's nutritional needs such as those receiving a pureed diet to reduce their risk of choking.
- People at risk of losing weight had their weight monitored and appropriate referrals had been made to the GP to check for any health conditions that may contribute to the weight loss. We saw people at risk of weight loss had been prescribed food supplements and were provided with a fortified diet. A fortified diet is food high in calories and protein to support a healthy weight.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives we spoke with told us people received the support and care that reflected their

needs. A relative told us, "My relative has been here for 3 years and it has been very good. When [person] needed hospital because they'd fallen out of bed, the staff were on it straightaway, they [staff] had everything under control and I'm very happy with the support [person] is getting."

- Staff communicated effectively with health and social care services. People received support from specialised healthcare professionals when required, such as GP's and the mental health team. One healthcare professional told us, "From my perspective we haven't got concerns in relation to the safety of the people. If we put a plan in place (for a person), it is followed. Castlehill have very complex patients and admit a lot of people whose previous placements, in other homes, were unsuccessful. Staff knowledge varies, it is substantive with the permanent staff but sometimes with the agency it can be less but overall staff make sure people well cared for. If I had any concerns I would let you know. This is a specialist care home and that's why a lot of professionals will come here."

Adapting service, design, decoration to meet people's needs

- People's individual needs around their mobility were met by the purpose built premises. Handrails were fitted throughout. Slopes and a passenger lift allowed people in wheelchairs to access all parts of the home. All bedrooms were fully en-suite with adapted bathrooms and toilets. Clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and we saw consent to care and treatment was routinely sought by staff.
- The registered manager used a DoLS tracker to ensure staff knew who was subject to DoLS, whether they had any conditions to their DoLS and when a new application should be made.
- Staff had received training in the MCA and understood the importance of involving people in decisions about their care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall, we saw staff supported people in a kind and friendly way. The atmosphere throughout the home, across the 3 floors, was calm. We had discussed with the registered manager there had been occasions when staff could be more interactive with people. For example, when moving and transferring people for staff to explain what they were doing and provide reassurance through the manoeuvre. The registered manager explained it was something they had already identified in their own observations and had taken steps with staff in regard to this.
- People and relatives we spoke with were positive about the home and the staff that supported them. One person said, "They [staff] are good and helpful." A relative told us, "[Provider] the owner, is here a lot and always says hello. [Registered manager] and [lead nurse] are spot on and doesn't miss a thing at all."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities and regulatory requirements, including those under duty of candour.
- Statutory notifications had been submitted to CQC which providers are required to do so by law.
- The management team maintained records of accidents and incidents and responded to complaints appropriately. Information and learning was shared with staff to mitigate the risk of reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had effective oversight of the home and how people were being supported.
- Audits were used effectively by the registered manager to monitor the care and support provided to people. For example, a falls audit was regularly reviewed to identify any trends in incidents that could be actioned to reduce the risk of reoccurrence.
- Staff told us they felt supported by management and were clear about their roles and responsibilities. One staff member said, "[Registered manager name] is very supportive, you can go to her with any issues and she will always listen to what you have to say and try to help, especially if you think you need any additional training on something."

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- There were processes in place to obtain the views of people that used the service. Meetings were held with people and their relatives to review the support and care being delivered.
- People, relatives, visiting professionals and staff were given surveys to score and give their comments on the support people received. Comments and scores were analysed and addressed where there was negative feedback.
- Staff meetings were held. Staff told us they were kept up to date with any issues or concerns about the home. Staff felt able to speak up about any concerns. One staff member told us, "I love working here, the managers are very supportive you can always speak with them if you need to."

#### Continuous learning and improving care; Working in partnership with others

- The management staff carried out competency checks and observations of staff practice. For example, moving people safely and medication administration. When areas for improvement were identified for individual staff members, they were supported to improve their practice and obtain further training if needed.
- The management team and staff were open and honest with us during our inspection and receptive to the feedback we gave.
- Health professionals we spoke with were positive about working in partnership with the home.
- People's health needs were reviewed and staff worked well with external professionals. Staff maintained good relationships with the local GP, mental health teams and pharmacist.