

Castlegate House Rest Home Limited

Castlegate House Residential Home

Inspection report

49 Castlegate
Grantham
Lincolnshire
NG31 6SN

Tel: 01476560800

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Castlegate House Residential Home is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 20 people in one adapted building.

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

People living at the service were supported in a safe and person-centred way. The risks to their safety were assessed and measures were in place to manage these risks.

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 were supported by adequate numbers of staff who had been trained to provide effective care.

People were supported by kind caring staff and the registered manager had quality monitoring processes in place to support the continuation of effective care for people.

Staff felt well supported by the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was requires improvement (published 10 April 2020).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 February 2020. Breaches of legal requirements were found around safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castlegate House residential care home on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Castlegate House Residential Home

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Castlegate House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, care workers, and the housekeeper.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives by telephone and continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure the premises being used were safe for their intended purpose. There were fire doors wedged open, damaged and loose stairs, an uncovered radiator and the fire risk assessment had not been updated. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us people were safe at the service. One relative said, "Yes she is safe, their track record on COVID-19 speaks for itself staff support her well."
- Staff had a good knowledge of the sorts of abuse the people they supported could be exposed to. What their role was in both preventing this or how they should manage any incidents if they arose. There was information for staff on reporting any concerns and staff had received safeguarding training to support them in their roles.
- The registered manager had processes in place to review incidents and accidents to learn from events. We saw incident forms were completed, with discussion and sharing of any learning with staff.
- Staff told us they used handovers and a communication book to reflect on events and ensure they were up to date with events at the service.

Assessing risk, safety monitoring and management

- The risks to people's safety were assessed and measures in place to mitigate these risks.
- The information in people's care plans gave staff guidance on how to safely support people. On the day of the inspection we saw people were supported in line with the information in their care plans and risk assessments. For example, people who required support to eat and drink or required support with their mobility, were supported in line with their care plans in a caring, patient respectful way.
- Environment risks had been identified and work had taken place to address the concerns we had at our last inspection. There were some environmental issues we identified with the registered manager around reducing the risk of cross infection. Following the inspection, the registered manager sent us their updated action plan that showed these issues were being addressed.
- The service had an up to date fire risk assessment in place, people had personal emergency evacuation profiles (PEEPs) in place so in the event of a fire professionals supporting people would know what support was required. Staff had regular training and were aware of their roles should there be a fire at the service.

Staffing and recruitment

- People were supported by adequate numbers of staff who knew their needs. Relatives told us although they had not been able to visit the service as they did before the COVID-19 pandemic. They had regular

communication with staff and when they were able to see their relatives via window visits or video calls, they always looked well kempt.

- Staff told us there was enough staff to support the people in their care. One member of staff told us it was a very nice place to work and staff worked together well. Staff had been supported with an induction when they started work at the service.
- The registered manager recruited staff safely. Staff records showed checks had been made prior to staff commencing work. References from previous employers, use of the Disclosure and Barring service (DBS) to make checks on staff to rule out any criminal convictions and any gaps in employment were all in the records we viewed.

Using medicines safely

- People received their medicines safely from staff who had received appropriate training for their role. We reviewed people's medicine administration records (MARs), observed the administration of medicines and reviewed the staff checks made to ensure medicines that required storing at a certain temperature were safely stored. We found no concerns with staff practices.
- When we last visited the service, we noted the storage of medicines required some improvement. At this inspection we noted the improvement and organisation of medicine storage had improved.

Preventing and controlling infection

- Although we saw staff were following safe practices in relation to prevent the possible spread of infection, the laundry area was a very small room and staff needed to undertake stringent infection control practices to reduce the risk of possible cross infection. The registered manager gave a clear explanation of practices and was confident her staff followed these processes, the protocol in place required more detail to guide staff. Following the inspection, the registered manager reviewed the protocol and sent us an updated copy which had enough detail to guide staff when working in the laundry.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider was in breach of Regulation 17 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014. The provider had failed to establish effective systems and processes to assess, monitor and improve the quality of the service. At this inspection there had been enough improvement to the quality monitoring processes and the provider was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their responsibilities in monitoring the quality of the service provided. The provider also had a quality assurance manager in post to support her.
- However, we found some quality monitoring tools used did not always highlight areas of concern. For example, the environmental tool did not allow the registered manager to highlight issues around decoration which could hinder effective cleanliness. The registered manager and quality assurance manager recognised this and the quality assurance manager would review the audit tool to allow the appropriate information to be recorded.
- The registered manager was aware of their responsibilities to be open and honest about events at the service. Statutory notifications had been submitted to us in line with legal obligations as a registered manager with CQC.
- Relatives told us the manager was open and honest following any events involving their family members and they were happy with the way the registered manager and staff communicated with them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff team at the service worked with people and their relatives to provide an open, person centred approach to the care people received.
- People made choices about their care and how staff should provide that care. This included how they spent their day and where they wished to eat their meals. One relative told us maintaining their family member's mobility was very important to the person. They told us the staff had worked hard with the person to maintain this as long as they could.
- People, relatives and staff told us they could talk to the registered manager and they were encouraged to give feedback on the service. Relatives we spoke with felt the communication between themselves and the

staff team was good.

- Relatives told us they were aware of the measures in place to facilitate visiting in the home. This ensured relatives could safely visit their family members. For example, one relative told us they had window visits. The registered manager also continued to work within the government guidelines to ensure relatives were able to maintain regular contact with their family member by telephoning or using video links.
- Staff attended regular meetings to discuss any updates on the way care should be provided. Staff told us they felt supported by the registered manager and the deputy manager. One staff member told us they felt the communication at the service was very good. Another member of staff told us, it was a lovely place to work, and people were treated with respect.

Working in partnership with others

- The staff at the service worked to ensure relationships with external health professionals affected positive outcomes for the people in their care. One visiting health professional told us they felt the service had improved over the previous months. They said the staff engaged with them and followed guidance provided for them, so people received the right support.