

Horizon Senior Living Ltd

# Castlewellan House

## Inspection report

41 Moss Grove  
Kingswinford  
West Midlands  
DY6 9HP

Tel: 01902330033

Date of inspection visit:  
04 January 2024

Date of publication:  
14 March 2024

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Castlewellan house is a care home providing personal care to up to 18 people. The service provides support to older people. At the time of our inspection there were 17 people using the service.

The care home is split across 2 floors, there is a lift in place to support people with mobility needs. Bedrooms have ensembles. A newly refurbished garden area can be found at the back of the property which provides a quiet and social space for people to share.

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

The registered manager and provider demonstrated a gap in knowledge and understanding regarding reporting incidents to the local authority in line with local reporting procedures. Medicines management in the home needed improvement. This included how controlled medicines were monitored and how medicines records were maintained.

Care plans and risk assessments were being transferred onto a new system and we identified guidance for staff could be improved. However, care plans were person centred.

There was a lack of activities taking place and we found at times people were disengaged. There was a planner in place for activities, however people told us they did not always take place.

People who lived in the home we observed were happy, well presented and had received support with their personal care needs. People we spoke with told us how they enjoy living in the home.

The provider and registered manager had made positive changes to the home since becoming the care provider. A development plan and actions to further improve the home were in progress with completion dates set.

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.

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 with the previous provider was Good. (published 8 May 2019) Since our last inspection a new provider is in place.

### Why we inspected

The inspection was prompted in part due to concerns received about lack of reporting when people had falls and poor governance. Following a local authority quality visit, it was identified that falls management and reporting needed improvement. Furthermore, due to the change in provider the home was planned to have a full comprehensive inspection.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for <location name> on our website at [www.cqc.org.uk](http://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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Castlewellan House

## 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.

#### Inspection team

Inspection team consisted of 2 inspectors and 2 Experts by Experience. One Expert by Experience completed an onsite visit and 1 Expert by Experience completed relative calls remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Castlewellan house is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Castlewellan house is a care home without 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 inspection was unannounced.

Inspection activity started on 4 January 2024 and ended on 11 January 2024. We visited the service on 4 January 2024.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service.

#### During the inspection

We looked at the information we had gathered. We met and spoke with 13 people living in the home and 12 relatives. We spent time observing staff working with and supporting people in communal areas. We also spoke with 4 staff members. The registered manager and the operations manager worked closely together and engaged fully with the inspection visit. The nominated individual also attended the inspection and engaged fully with us. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 9 people's care records and medication records. We also looked at the training records of staff and staff rotas. We reviewed records relating to the management of the home and looked at a small selection of policies and procedures. 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 with a previous provider, we rated this key question Good. At this inspection the rating under a new provider has changed to requires improvement.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always monitored safely. Controlled medicines were not always checked in line with the provider's-controlled drug policy.
- Some 'as required' (PRN) guidelines were not in place for staff to follow when administering this medicine. This meant we were not assured that staff were aware of when to administer PRN medication or the expected outcomes for people.
- Medication administration records (MAR) were in place. However, we identified some gaps where 2 staff were required to sign after administering medicines, where this was not possible no reason for 1 staff member administering medicines and signing was recorded. This did not provide assurance to us that the providers policy and procedure for medicine administration were embedded into the home.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. The provider had policies and procedures for staff to follow to ensure the safety of people.
- However, during the inspection we identified a knowledge gap with the provider and registered manager as they did not always report incidents to local authorities in line with local agreements. This was discussed during the inspection and the provider showed us a plan on how they were going to improve this.
- Staff we spoke with told us the ways they would identify and report abuse. One staff member told us, "If I was not happy with the homes response to concerns raised, then CQC or local authority would be contacted".

### Assessing risk, safety monitoring and management, learning lessons when things go wrong

- Risk assessments were in place for people. Risk assessments outlined the potential risks to people and the control measures to minimise the risks.
- Fire risk assessments had taken place and the registered manager and provider had worked through actions. Some actions were outstanding such as fire doors to be replaced, these had dates for when they would be completed. Personal fire evacuation plans were in place and suitable to instruct staff on how to evacuate people in the event of a fire.
- People who needed their fluids monitoring had an effective system in place to monitor the number of fluids consumed during the day. For example, once a person had a drink or fluid this would be inputted onto an electronic system that would add up the amount and alert staff if a person had not had enough or too much fluid. People had clear guidance on the amount of fluid they were to achieve each day.

- Accident and incidents were recorded and signed off by the registered manager, lessons learnt were recorded and we saw where action had taken place following an accident or incident. For example, where a person had a number of falls within a time period, the registered manager had completed a referral for occupational therapist input.

#### Staffing and recruitment

- The registered manager had a staffing dependency tool in place, this identifies the number of staff needed at one time to meet people's needs. During our inspection visit we identified areas that required improvement on where staff were positioned during the day. For example, we observed on a number of occasions there being no staff or monitoring in the communal lounge.
- The provider safely recruited staff to the home ensuring a full employment history was obtained and the skills and values staff employed matched the needs of the home.
- The provider obtained Disclosure and Barring Service (DBS) checks for each staff member. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some people we spoke with told us they felt there were enough staff in the home. 1 person told us, "I feel there is enough staff, somebody is always around when I need help".

#### 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

- The home had no restrictions in place at the time of this inspection.
- We saw measures were in place to protect people and a plan was in place if at any time the home was required to go into restricted measures.



# 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 with a previous provider, we rated this key question Good. The rating for this key question has remained Good.

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 had pre assessments that covered their needs, likes and dislikes before moving into the home. This information along with people and relatives input formed the care plans for people.
- Care plan guidance for monitoring and managing eating and drinking needs for people were not always clear or mitigate potential harm. For example, 1 person required portion control around their meals as prescribed by a dietician. Care plan guidance read 'appropriate amounts of food'. However, this was not clear guidance and posed a potential risk that the person would not receive correct portions of food.
- Staff we spoke with told us they had enough time to read care plans and risk assessments in place. One staff member told us, "We are involved in ensuring people have up to date care plans and can always ask if unsure on a person's needs".
- People we spoke with told us they felt they had the right care provided and had choices. During the inspection visit 1 person was celebrating their birthday, we saw how they led the day and how they wished to spend it, staff listened to their wishes.

Staff support: induction, training, skills and experience

- The provider ensured that a range of training and opportunities were available to upskill staff. Additional training was sourced from local authorities and the home welcomed additional training from professionals.
- The registered manager had a training matrix in place, this was effective in monitoring staffs' training. During the inspection we identified gaps in training, after exploring the gaps with the provider and registered manager we found these were new starters going through induction training.
- Staff had completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We saw how staff were safely inducted into the home, ensuring they were aware of people's needs and health and safety within the home.

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

- People had a well-balanced diet. Menus were in place for people to choose from, however, if a person wished to have something different, they could request this at any time during the day.
- During our inspection we saw drinks were regularly provided to people and staff would ensure that people had fluids and this was recorded. People also had access to the kitchen hatch area in the dining room where they could get a drink at any point in the day.

- The food in the home was homemade by allocated kitchen cooks, we observed meals were cooked from fresh and desserts such as cakes were made on the day. When relatives or friends visited people, they had the option to have drinks and snacks with people who lived in the home.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and provider worked with the local authorities to make improvements to the service provided. The operations manager and provider also worked with the registered manager to make improvements to the home.
- The home had regular input from health professionals such as GP's and district nurses. Where a need was identified for a person, we saw how the registered manager or senior team would complete referrals.

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

- The home was clean and tidy. The provider showed us all the work that had been completed to make the environment safer and more suitable for people.
- The garden had recently been renovated, previously before the renovation the garden was assessed as containing potential risks to people. However, with the work to level the flooring and create spaces for people to sit, this now provided a safe environment for people to enjoy.
- The provider showed us an action plan of further work to take place at the home, this consisted of full decoration all through the home and where required new windows and doors. The action plan provided dates on when this was to be achieved by.
- People were proud of their bedrooms. Bedrooms were person centred and people had choice in what personal items they wished to display, for example, personal photos and flowers.

Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of people's needs and how to meet these.
- Staff we spoke with were aware of how to raise a concern if they felt further healthcare input was required. The registered manager and senior team showed where they had completed referrals for this support in the best interest of the person.
- The home had regular visits from healthcare professionals and the registered manager told us they had a good service provided from local healthcare teams. The quality team from the local authority also completed visits to the home to check compliance

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 arranged for a DoLS assessor to come into the home to review people. At the time of our inspection no person living in the home required a DoLS.
- People had best interest meetings, these were clear and considered peoples choices as to why a decision would be in the person's best interest. For example, where a person required bed rails, an assessment had taken place and feedback from the person and professionals was gathered and recorded.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection with a previous provider, we rated this key question Good. The rating for this key question has remained Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were respectful to people and listened to what people wanted. One person told us, "The staff are lovely, we get on well".
- People who had cultural or religious beliefs were respected and staff ensured their needs were met respectfully. For example, staff would arrange for a vicar to attend to a person or have the local choir visit the home.
- During our inspection visit we observed staff interacted with people and spent quality 1 to 1 time with them. The registered manager and provider had identified that more activities were needed in the home and an advert was out to recruit an activities coordinator. Some people we spoke with told us they felt enough was going on in the home but would be nice to have further activities planned. During our inspection we found at times people could be disengaged due to the lack of activities.

Supporting people to express their views and be involved in making decisions about their care

- The home regularly gained feedback from people. Surveys were sent out to people, relatives and health professionals. The provider and registered manager showed how feedback was important to the home in order to make improvements to the service.
- People told us how they were involved in their care plans. We saw how care plans were being developed on a new electronic system. The new electronic system showed regular reviews took place to ensure up to date information about people's needs was in place.
- The home promoted a 'speak up' environment, the registered manager was present daily and people knew the nominated individual who visited at least once a month. During our visit we observed the nominated individual going around to all people and speaking with them, people showed they were happy to see the nominated individual.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in a consistent way meeting the values that were embedded in the home. The home was welcoming, staff were friendly, this created a nice environment. One staff member told us, "We are like 1 big family, this includes the residents".
- Staff respected people's privacy and would knock on the door before entering, staff would explain who was coming in and why they were there. We observed staff seeking consent from people before completing any care.

- People were encouraged to independently walk around the home and maintain independence, this included things like cleaning their bedrooms with staff. When relatives visited, people were given respect and privacy, furthermore, staff ensured that people knew they were there if they needed any help.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection with a previous provider, we rated this key question Good. The rating for this key question has remained Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans and risk assessments were in the process of being developed on a new electronic system. Care plans were person centred, however, further development to ensure all people's characteristics were captured was required.
- Staff we spoke with told us about people's likes and dislikes and how they spent time with people to get to know them. One staff member told us, "When a person moves in, we look at their initial assessment but ensure we introduce ourselves and get to know them".
- Staff spoke about the registered manager and nominated individual in a positive way, 1 staff member told us, "[Person] and [person] are very supportive and have changed things for the better, they always think of the residents and what's best for them".
- Daily notes for people recorded how people had been provided choices. Records also demonstrated that care was delivered in a person centred manner in order to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had sections in their care plans on how best to communicate with them. This care plan guidance had been created following a pre assessment from when the person moved in.
- At the time of our inspection, no person had specific communication needs. Furthermore, the registered manager ensured staff completed communication training, this helped staff identify appropriate ways to communicate with people and how they should position themselves.
- We observed during our inspection effective communication with people. This was done respectfully and ensured that the person staff were communicating with understood or adapted communication to meet individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us they would like to see more activities where more social inclusion could happen. During our visit we observed people would sit together and watch television or meet in the dining

room to have a chat.

- We observed during our inspection relatives and friends of people visiting throughout the day. The registered manager told us, "We welcome guests and people come and go throughout the day everyday".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. This was clear in guidance to raising a complaint and the process following this.
- During our inspection the local authority had raised concerns with aspects of governance in the home and the reporting of incidents. The registered manager and nominated individual were working on an action plan and providing feedback to the local authority and CQC. Regular review meetings took place which were multi-disciplinary and reviewed care provided to the home.
- The registered manager and nominated individual had oversight of complaints or concerns raised. We saw where the registered manager and nominated individual worked together.

End of life care and support

- At this inspection 1 person was on an end-of-life plan. This was detailed and completed with professionals such as GP's and specialists.
- Each person had end of life sections in their care plans. This captured basic wishes and contained enough detail to provide basic guidance for staff and the home to follow.
- End of life training was provided for staff.

# 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 with a previous provider, we rated this key question requires improvement. The rating for this key question has remained requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems were in place to manage and monitor the day to day running of the home. However, not all findings during our inspection were identified.
- Medicines audits in place were not effective in identifying the concerns recorded under the safe section of this report. Medicine stock checks had not been completed in line with the providers medicines policy. For example, the home had controlled medicine in stock, the providers policy stated controlled drugs checks were to be carried out at least weekly, we identified during the inspection a period where a control drug had not been checked for 1 month. Medicines audits had also not identified that PRN protocols were not always in place and where 2 people were not able to sign for medication administration, no reason had been recorded to state why 2 staff could not sign.
- Personal evacuation plans (PEEPs) were in place and identified equipment needed and the method in which to safely evacuate people.
- The registered manager had a supervision matrix to monitor the frequency of staff supervision and any performance concerns.
- The provider had a delegation chart in place, this identified staff's responsibilities and delegations they oversaw. There were contingency plans in place for when the registered manager was on annual leave and the operations manager would be present in the home.

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

- The registered manager, nominated individual and operations manager were open and transparent throughout the inspection. Where improvements were fed back, this was taken positively, and immediate action was completed.
- People and relatives were complimentary about the registered manager and told us they found them to be approachable and trusted action would be completed as required.
- Some staff we spoke with told us they felt supported in their roles and knew that somebody in management was always there. An on-call system was in place and this was effective in providing out of hours support. The registered manager also told us, "On my days off, I still call to check in and see if any support is needed".
- Staff had regular supervision, 1 staff member told us, "I always feel listened to and do feel what I raise is



responded to, makes me feel valued".

- The manager had a presence daily in the home and was hands on with providing care. People responded positively to the manager.

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 was aware of their responsibility under duty of candour.
- Relatives told us they felt assured that if they needed to raise a complaint they could speak with the registered manager and if not the nominated individual. One relative told us, "If I have had to raise anything, I feel this has been dealt with in the correct way". Some staff we spoke with told us they would feel confident in raising a complaint. One person told us, "I would never have a worry raising a complaint and feel I would be listened to".
- The registered manager had implemented a system to monitor safeguarding alerts and CQC notifications, this was also in place to support the improvement of reporting and oversight of falls.

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

- Since the provider had bought the home, they gained feedback from people using the service and relatives, this helped the provider prioritise the immediate changes that needed to happen and changes that could be built into a service improvement plan.
- Staff we spoke with told us they felt involved in the changes to the home and felt they could input or suggest changes.
- Team meetings took place regularly, staff we spoke with said they found the team meetings useful and informative, 1 staff member told us, "Team meetings are a good chance for us all to catch up and helps us provide the same care".
- The registered manager told us how they try and accommodate staff's personal commitments. Rotas were completed in advance and staff had enough time to adjust working patterns as appropriate.

Continuous learning and improving care

- Throughout the inspection the registered manager, nominated individual and operations manager were fully engaged and listened to feedback. Where immediate action could take place this was completed, other areas were planned for future developments.
- The provider had a formal improvement plan which identified outcomes to achieve for the home and who was responsible. The plan was active and regularly reviewed.

Working in partnership with others

- The registered manager was working with the local authority to build up actions to improve the service provided in the home. The manager shared plans to improve the reporting of incidents and medicines management.
- The home had regular visits from health professionals and had built up good relationships. The registered manager told us how they received good healthcare services, for example, the pharmacy the home used was efficient and worked closely with the home.