Care Quality Commission

Castlegate House Rest Home Limited

Castlegate House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Castlegate House Residential Home provides accommodation for up to 20 people who need personal care. The service provides care for older people some of whom live with dementia.

There were 19 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 5 February 2015. There was a newly appointed manager. She had applied to be registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage a 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 a service is run.

Summary of findings

The Care Quality Commission is required by law to monitor how a registered provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection six people who lived in the service needed to have a level of support and supervision that amounted to a deprivation of their liberty. The registered provider had taken the necessary steps ensure that the care they received was lawful.

We last inspected Castlegate House Residential Home in August 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. This was because some people had not been reliably helped to eat and drink enough to stay well.

Staff knew how to keep people safe including reducing the risk of them having accidents. People's medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Although people had received all of the medical care they needed, some people had not been supported to promote their dental health. In addition, some people had not been reliably helped to ensure they were eating and/or drinking enough. Aspects of the accommodation did not effectively assist people who lived with dementia. However, people's rights were protected because the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had not been fully supported to plan and review their care and some people had not been enabled to fulfil their spiritual needs. Although people had received the practical care they needed, they had had not been offered enough opportunities to pursue their interests and hobbies. People who dined in their bedroom could not be confident that their food was kept hygienic and warm. There was a system for handling and resolving complaints.

People had been not been fully consulted about the development of their home and quality checks had not effectively addressed all of the improvements that needed to be made. Although the service was run in an open and inclusive way, people had not benefited from staff being involved in national good practice initiatives.

Summary of findings

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.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Is the service effective?

Requires improvement

The service was not consistently effective.

People had not been reliably helped to eat and drink enough to stay well.

People had received medical attention but they had not been supported to access dental care services.

Parts of the accommodation did not provide people with the support they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted people's dignity.

Staff respected confidential information and only disclosed it to people on a need to know basis.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People had not been fully enabled to plan and review their care.

People had not been supported to fulfil their spiritual needs.

People had not been offered the opportunity to fully pursue their hobbies and interests.

Summary of findings

People who dined in their bedrooms could not be confident that their food was fresh.

People were provided people with all the practical care they needed including those who lived with dementia and who had special communication needs.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Quality checks had not reliably ensured that people always received the care they needed.

People had not been effectively asked for their opinions of the service so that their views could be taken into account.

People had not benefited from the manager developing links with the local community and from taking part in national good-practice initiatives.

The manager knew the service well and ensured that staff were well supported.

Castlegate House Residential Home

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.

We visited the service on 5 January 2015. The inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with 14 people who lived in the service, three care workers, two senior care workers, the chef, the manager and the area manager. We observed care being provided in communal areas, spoke with people in private and looked at the care records for four people. We also looked at records that related to how the service was managed including staffing, training and health and safety.

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

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the registered provider had sent us since the last inspection. In addition, we contacted local commissioners of the service and a representative of a local primary healthcare team who supported some people who lived in the service. We did this to obtain their views about how well the service was meeting people's needs.

Good

Is the service safe?

Our findings

People said that they felt safe living in the service. A person said, "In a way I wouldn't like to be back at home now because here I have staff around me all the time and it's good." Relatives were reassured that their parents were safe in the service. One of them said, "I'm completely confident that my mother is treated with kindness. I'd know from her reactions if there was anything wrong."

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They were clear that they would not tolerate people being harmed and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Staff had identified possible risks to each person's safety and had taken action to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure when people sat and laid down. Staff had also taken action to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefitting from using walking frames, raised toilet seats and bannister rails. Radiators were fitted with guards and hot water temperatures were controlled to reduce the risk of burns and scalds. Some people had asked to have rails fitted to the side of their bed. This had been done so that they could be comfortable not have to worry about rolling out of bed. Each person had a personal emergency evacuation plan to ensure that staff knew how best to assist them should they need to quickly leave the building.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the registered provider had told us about any concerning incidents and had taken appropriate action to make sure people who lived in the service were protected. We saw that when accidents or near misses had occurred they had been analysed. This had been done so that steps could be taken to help prevent them from happening again. For example, when a person had fallen at night in their bedroom the manager had established how to support the person to stay safe. This had included reminding them to use the call bell to ask for assistance if they wanted to get out of bed to use the bathroom.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training. We noted that they correctly followed the registered provider's written guidance to make sure that people were given the right medicines at the right times. People were confident in the way staff managed their medicines. A person said, "The staff do my tablets for me which I'm fine with because I used to get them muddled up."

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The registered provider had established how many staff were needed to meet people's care needs. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the practical assistance they needed. Staff responded promptly when people used the call bell to ask for assistance. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered provider said was necessary. Staff said that there were consistently enough staff on duty to meet people's care needs. People who lived in the service and their relatives said that the service was well staffed. A relative said, "Every time I go to the service the staff are around and people don't have to wait if they need attention."

Requires improvement

Is the service effective?

Our findings

Some of the arrangements used to support three people who were at risk of not having enough nutrition and/or hydration were not robust. People's body weight had not been measured and assessed in the correct way. This had resulted in potential risks to people's health not being identified so that action could be taken to keep them safe.

The manager said that staff needed to monitor and record how much two of the people had drunk each day to make sure that they did not become dehydrated. However, staff had misunderstood the manager's care instructions for one person. As a result of this mistake records had not been kept for the person and staff had not checked how much they had drunk. The records relating to the second person were incomplete but showed that they had drunk less than the manager considered to be necessary in order to maintain their good health. We were told that a third person needed to be assisted to eat enough. However, the records kept by staff were incomplete and did not enable an assessment to be made of whether the person had taken enough nutrition. In addition, we noted that some people had chosen to dine in their bedroom and we saw that staff delivered their meals on trays. However, the meals were not covered and this made it more difficult to keep food warm, fresh and hygienic. This increased the risk that people would be less willing to eat meals that were delivered in this way.

Staff had periodically met with the manager to review their work and to plan for their professional development. We saw that care workers had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who needed extra help to eat and drink enough. However, some staff were still not confident that they knew enough about nutrition and hydration to help them care for people in the right way. In particular, we found that they did not know how much the three people should eat and drink to stay well. Although other care records showed that the people had not experienced any direct harm as a result of the mistakes we identified, the shortfalls had increased the risk of them not having enough nutrition and/or hydration to promote their good health.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some parts of the accommodation did not fully support people who lived with dementia and who needed additional help to engage with their surroundings. We noted that little had been done to assist people to find their bedrooms. The doors were painted in a uniform colour and signs that displayed people's names were small and difficult to see. We observed two people having difficulty deciding which bedroom belonged to them. We saw another example in one of the lounges where the only clock in the room was showing the wrong time. These shortfalls contributed to people not being consistently helped to be comfortable and confident at home.

People said that they received the support they required to see their doctor. Some people who lived in the service had more complex needs and required support from specialist health services such as provided by continence nurses and occupational therapists. A relative said, "The staff are very good with that. Whenever they've had any concerns about mother's health they've been straight on the telephone to the doctor." A healthcare professional who knew the service said they were satisfied with how people were supported to maintain their health. However, we noted that people had not been assisted to access community based dental care services. This had increased the risk of people not receiving the advice and treatment they needed to maintain their dental health.

The manager and senior staff were knowledgeable about the Mental Capacity Act 2005 (MCA). This had enabled them to protect the rights of people who were not able to make or to communicate their own decisions. Care records showed that the principles of the MCA had been used when assessing people's ability to make particular decisions. For example, the manager had identified that some people who lived in the service needed extra help to make important decisions about their care due to living with dementia.

Where a person had someone to support them in relation to important decisions this was recorded in their care plan. Records we saw demonstrated that the person's ability to make decisions had been assessed and that people who knew them well had been consulted. This had been done so that decisions were made in the person's best interests. A relative said, "When my mother first moved in the manager tactfully asked about if she needed any help to make decisions and about the role we wanted to play in that."

Requires improvement

Is the service effective?

There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate (IMCA). IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The manager was knowledgeable about the Deprivation of Liberty Safeguards. We noted that they had sought advice from the local authority to ensure the service did not place unlawful restrictions on people who lived there.

Good

Is the service caring?

Our findings

People and their relatives were positive about the quality of the care provided in the service and we did not receive any critical comments. A person said, "The staff are very, very good to me." A person who had limited communication skills pointed to a passing member of staff and clapped their hands in a positive gesture. Relatives told us that they had observed staff to be courteous and respectful in their approach. One of them said, "I call here several times each week and I've always found the staff to be just kind people who genuinely want to work here to care for people."

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed a lot of positive interactions and saw that these supported people's wellbeing. For example, we saw a person being assisted to turn the pages of their newspaper so that they could find the television guide. The member of staff then helped the person to read some of the listings because they were written in small print that was difficult to see.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. For example, a person described how each morning staff brought them a cup of tea in bed which had been their regular routine before they had moved into the service.

Families we spoke with told us that they were able to visit their relatives whenever they wanted. A relative said, "I like how the staff are very welcoming. There's no sense of us and them. The staff are pleased to see me and always offer me a drink."

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The manager was aware of how to access local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff recognised the importance of not intruding into people's private space. Most people had their own bedroom which they could lock shut when they were out. People who shared a bedroom were provided with privacy screens so they could be on their own if they wanted. Bedrooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal lounges. Bathroom and toilet doors could be locked when the rooms were in use. Staff usually knocked on the doors to private areas before entering and they ensured doors to bedrooms and toilets were closed when people were receiving personal care. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

People received their mail unopened. Staff only assisted them to deal with correspondence if they had been asked to do so. People could choose to have a private telephone installed in their bedroom or alternatively they could use the service's business telephone free of charge.

Requires improvement

Is the service responsive?

Our findings

Each person had a written care plan that described the care they wanted to receive. We saw that people and their relatives had been invited to meet with senior staff to review the care they received to make sure that it continued to meet their needs and wishes. However, the care plans had not been written in a user-friendly way so that information was easy to understand. They presented information using technical and management terms that were unlikely to be accessible to people who lived in the service. This limited the ability of people to be involved in deciding upon, agreeing to and reviewing the care they received.

People had not been supported to fulfil their spiritual needs. They had not been consulted about the ways in which they wished to pursue their spiritual lives. No arrangements had been made to assist people to celebrate their spiritual beliefs including attending religious ceremonies.

Staff had not fully supported people to pursue their interests and hobbies. Although there was an activities manager she was only present for a small part of the week. At other times care workers were expected to assist people with interests, hobbies and activities as and when they had the time. The activities manager and care workers did not follow a broad plan to explain to people what activities were available each day. Records showed that on most days most people had not been supported in any real sense to be engaged in social activities that interested them. During our inspection visit which lasted for most of the day, we saw an activity in one of the lounges in the morning. This was popular and involved people passing a balloon to each other. We did not see any other activities taking place and we noted that most people spent time most of their time sitting on their own without anything obvious to do. Four people who spoke with us about this subject said that they would like more things to do. One of them said, "It can be an awfully long day just sitting and waiting for meal times."

People had not been supported to regularly access community resources. We were told that during the summer months in 2014 people had been assisted to go into town to visit the local shops. However, we noted that no visits had been undertaken in the four months preceding our inspection. In addition, staff said they did not anticipate that any more visits would take place in three months after our inspection.

People said that they were provided with a choice of meals that reflected their preferences. We saw that people had a choice of dish at each meal time. In addition, records showed that the chef prepared alternative meals for people who asked for something different. We were present when people had lunch. Although the meal did take a long time to serve, we noted that the meal time was a pleasant and relaxed occasion. Some people received individual assistance to eat their meal. People commented positively about the quality of their meals. One of them said, "Oh, it's very good, I couldn't wish for more."

People said that staff provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person said, "I like to be as independent as possible but I do like the staff checking on me at night in case I need them." Records and our observations confirmed that people were receiving all the practical assistance they needed.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, we observed how a person pointed towards the door of the lounge in which they were sitting. A member of staff recognised that the person wanted to be assisted to use the bathroom. The person was promptly assisted to leave the lounge and was pleased to be helped to walk to a nearby bathroom.

In addition, staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was frowning and becoming upset because an item of their clothing had become twisted. The member of staff assisted the person to straighten their clothing and waited with them until they had resumed drinking their afternoon cup

Requires improvement

Is the service responsive?

of tea. We saw the person give a 'thumbs-up' sign and smile. The staff member knew how to identify that the person required support and they had provided the right assistance.

Families told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. A relative said, "The staff regularly keep me up to date about how my mother is doing. They tell me straight away if something has changed such as if they need to call a doctor."

We saw that staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. Staff knew this information and used this to engage people in conversation, talking about their families, their jobs or where they used to live. For example, we heard a member of staff chatting with a person about the person's daughter who lived in London. Both of them contributed to the conversation which focused on the benefits of city-living and being able to access big department stores in central London where the person's daughter worked.

People told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made. A person said, "I don't feel as if I have to fit in here. I can do what I like each day and I use my bedroom when I want." We saw that staff respected people's individual routines and so people who wanted to use their bedrooms were left without too many interruptions. A person said, "The staff don't fuss about me because they know I like to be on my own in my bedroom." We saw that special arrangements had been made to support one person who chose both to stay in their bedroom and to wear their night clothes all of the time. These arrangements had enabled staff to assist the person to keep their bedroom clean and to maintain their personal hygiene. Another example of respecting each person's individuality was the way in which staff addressed people. They acknowledged that some people liked to be addressed using shortened versions of their first name while others preferred to be addressed more formally.

People and their relatives said that they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. A relative said, "I have seen the complaints procedure but I've never felt the need to read it. If I needed something to be put right I've just had a word with the staff. It's that sort of family place really."

The registered provider had a formal procedure for receiving and handling concerns. Each person (and their relatives) had received a copy of procedure when they moved into the service.

Complaints could be made to the manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation. We noted that the registered provider had not received any formal complaints since our last inspection. The manager said that a small number of minor concerns had been raised and that these had been quickly resolved on an informal basis.

Requires improvement

Is the service well-led?

Our findings

Records showed that the manager and the registered provider had completed regular quality checks. However, these had not always effectively ensured that people received all the care they needed. In particular, the problems we identified during our inspection had not previously been identified as needing attention. These included shortfalls in planning, delivering and evaluating some of the care that people received. Other shortfalls included inadequate arrangements to support people to maintain their dental health, to pursue hobbies and activities and to benefit from an environment that fully met their individual needs.

Although staff had consulted informally with people and their relatives other arrangements to enable stakeholders to contribute to the development of the service were not well developed. The manager said that there were regular 'residents' meetings' when people discussed their home and suggested improvements. However, records of the last two meetings showed that no people who lived in the service were present and that only two relatives took part. We were told that quality questionnaires were sent each year to relatives and health and social care professionals so that they could give feedback about the service. However, records did not show when questionnaires had last been sent out and there was no clear system to evaluate and act upon people's comments. These shortfalls had reduced the registered provider's ability to consult with stakeholders so that the service could be developed and improved in the future.

The manager had not provided all of the leadership necessary to engage the service fully with the local community. For example, arrangements had not been made for local community agencies specialising in caring for older people to become involved in supporting the service. In addition, the service had not subscribed to any national good practice initiatives sponsored by recognised professional bodies. These shortfalls reduced the registered provider's ability to ensure that people benefited from care that was based upon recognised best practice and current research.

People and their relatives said that they knew who the manager was and that they were helpful. A person said, "The new manager has worked here a long time as a care worker and so we all know her. She's very kind and she's always about the place." During our inspection visit we saw the manager talking with people who lived in the service and with staff. They had a good knowledge of the personal care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to manage the service and provide leadership for staff.

Staff were provided with the leadership they needed to work as a team. This was intended to promote their ability to consistently provide people with the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were periodic staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. A relative said, "I'm confident that the service is well run in that you don't have to explain to different staff because they all seem to know what care my mother needs."

There was a business continuity plan. This gave staff guidance about how to respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. The plan helped to ensure that people would reliably have access to the facilities they needed.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the manager. They were confident that they could speak to the manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A staff member said, "It's always been very clear here that the residents come first and that we have a clear duty to speak up if we have any concerns."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The registered persons had not ensured that people were protected from the risks of inadequate nutrition and dehydration.