

Sanctuary Care Limited

# Castlecroft Residential Care Home

## Inspection report

Castle Road, Weoley Castle, Birmingham B29 5HF  
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Date of inspection visit: 19 and 20 November 2015  
Date of publication: 12/01/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

This inspection took place on 19 and 20 November 2015 and was unannounced. At our last inspection on 11 and 12 December 2014 we found there were two areas where the service was not meeting regulations. The provider had not ensured that suitable arrangements were in place for obtaining and acting in accordance with people's consent. Also proper steps were not in place to ensure safe staffing numbers at all times. The provider sent us an action plan detailing what action they had taken. During this inspection we found the provider had made improvements so that the regulations were met.

Castlecroft is registered to provide accommodation and personal care to a maximum of 64 people. On the day of our inspection 59 people lived at the home. People living there had a range of conditions related to old age who may also have dementia. Accommodation is purpose built and arranged over three floors. The ground floor unit is for people who are more independent with lower care needs. The first and second floor units are for people who have greater care needs and many of the people were living with dementia.

# Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to monitor the quality of the service. These needed to be more robust to ensure that records relating to people's care were well maintained.

Most people and their relatives were positive about the care provided at Castlecroft. Our observations confirmed that staff were attentive and caring towards people. We observed that improvements had been made to the way care was provided to people living on the first and second floor. Some people on the ground floor were not happy about aspects of their care. The manager took action to listen to people's views about this and to put plans in place to make the improvements needed.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse. Staff were trained to identify the possibility of abuse occurring. Staff understood their responsibility to take action to protect people from the risk of abuse and how to escalate any concerns they had.

Staff were recruited in a safe way. We found that there were enough staff to support people and meet their needs in a personalised manner.

People were supported to receive their medicines as prescribed.

The manager had taken action to ensure that all staff received the training and support they needed to ensure they had the skills to meet people's needs.

People described the management of the home as friendly and approachable. Staff felt supported by the provider. All previous breaches of the regulations were met

# 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?

The service was safe

Systems were in place to protect people and minimise the risk of abuse.

People received care when they needed it.

People received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People's consent was sought before they were provided with care.

Staff understood their responsibility to protect people's rights so that they were not subject to unnecessary restrictions.

People received adequate food and drink to maintain their health.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and their dignity and privacy was protected.

People were supported by staff that knew their needs.

Good



### Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People were supported to follow their interest and take part in activities.

Systems were in place to ensure that concerns would be listened to.

Good



### Is the service well-led?

The service was not consistently well led.

The systems in place to monitor the service could be improved further to ensure the arrangements for record keeping are robust.

There was a welcoming and friendly atmosphere in the home.

Requires improvement



# Castlecroft Residential Care 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.

This inspection took place on 19 and 20 November 2015 and was unannounced on the first day of our inspection. The inspection team consisted of three inspectors and an expert by experience. The expert by experience had experience of caring for people who used this type of service.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required

to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

During our inspection we spoke with 18 people who lived at the home, six visitors, the registered manager, operations manager, deputy manager and nine staff members. We also spoke with two healthcare professionals. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We looked at records in relation to five people's care and medication records to see how care and treatment was planned and delivered. We also looked at records maintained by the home about staffing, training, accidents and incidents and the quality monitoring system.

# Is the service safe?

## Our findings

At the time of our last inspection in December 2014 we found that the arrangements for staffing levels were not always adequate to ensure people's needs were met safely. This was a breach in the regulations. The provider told us in their action plan that they had taken action to ensure that safe staffing levels were provided.

Most people told us that they were satisfied with the staffing levels. One person told us, "No you don't have to wait long for staff if you need anything". We saw that staff responded to people's request for support when they needed it and staff were unhurried in their response. For example, we saw that staff were patient and took time to explain and encourage people who were mobilising with the support of walking aids. However, some people on the ground floor had mixed views about the staffing levels. Some were very happy and told us that staff came quickly to help them and some people told us that two staff was not enough. Staff that worked on this unit told us that staffing levels were adequate to meet people's needs.

The manager told us that they had not increased staffing levels since our last inspection. However, they had reviewed the process for assessing the dependency level of people prior to their admission to the home. This had ensured that the provider was clearer about the needs of the people that they could safely support with their staffing resources. The manager told us that some people who were already living at the home who required a higher level of staff support to meet their needs were supported to move onto services that were more appropriate for their needs. The manager told us that she reviewed the staff rota continuously to ensure that the right skill mix of staff were on each of the three units. She told us that they were currently recruiting to vacant posts and were also building up a supply of bank staff who would be able to provide cover when needed. The manager told us that occasionally they shared staffing resources with one of their sister homes nearby. This meant that the use of agency staff to cover for unplanned staff absences was kept to a minimum.

All the people we spoke with told us that they felt safe when they were supported by staff. They told us that they

had no concerns about the way they were treated by staff. One person told us, "I feel very safe living here". Another person told us, "I feel safe here. Staff make it safe and the surroundings are safe here". Another person told us, "We've got buzzers in the bedrooms, they're here to help. Oh we are safe alright."

Staff we spoke with told us that they understood their responsibility to keep people safe and told us that they had received training to do so. Staff were knowledgeable about the types of potential abuse and gave examples of the types of things they would consider to be unacceptable. Staff told us that any concerns they had would be passed onto the manager or deputy manager. Records we hold showed us that the provider reported concerns as required and referrals were made to the appropriate authority.

People were kept safe in emergencies. All the staff spoken with knew what to do in the event of an emergency and how to report accidents or incidents so these could be managed effectively. A staff member told us, "I was told about the emergency procedure during my induction, I know what to do". We saw that care plans were in place to inform and guide staff on what they needed to do to support people to reduce risks. Risk management plans were in place for falls, moving and handling, personal care and skin integrity. We saw that some records relating to risk management had not been well maintained. We spoke with the manager about this and she took immediate action to ensure the records were improved.

One person told us, "The staff help me manage my medicines. This is very helpful". We checked the systems in place for the management of medicines on all three units. On one unit we found that the balance of medicines showed some minor imbalance. Records had been signed to confirm that people had received their medicines. We spoke with two staff members who told us the steps they had taken to ensure people were supported to take their medicines safely. Staff told us how people would be supported to manage their own medicines and risk assessments were in place to support this. We saw that medicines were stored safely and records were kept of medicines received.

# Is the service effective?

## Our findings

At the time of our last inspection in October 2014 we found that the provider had not always recognised situations that were a restriction on people's liberty and this was a breach in the regulations. The provider sent us an action plan detailing what action they had taken.

At this inspection we found the rights of people who may lack capacity to make decisions were protected. Staff were able to tell us how they provided person centred care and encouraged choices, which showed their practice was in line with what was required by this legislation. Most staff were able to explain what restrictions were in place and why and that DoLS authorisations had been requested for people that needed them.

People's ability to make decisions about their care was assessed and consent to care was obtained from people who were able to give consent. People told us that they made decisions about their care. All the staff we spoke with told us that they always sought people's agreement before offering care and support.

A staff member told us, "I had an induction when I first started working here. I shadowed experienced staff. I feel I could have benefited from some more training. I have got more confidence with time and experience". Most staff told us that their training was up to date. A few staff members told us that they needed some of their training updated or needed to complete some training. This included safeguarding, DoLS, mental capacity and dementia training. The manager told us that some training updates were needed and that they had plans in place to address this and to ensure that all staff's training needs were brought up to date. The manager told us that all staff complete a two day course in dementia to ensure they have the knowledge and skills to support people. The manager told us that in the new year (2016) there will be training provided to all staff around behaviour that challenge. The home have agreed to be involved in a study with a trust and will be looking at managing behaviour

more effectively. On the day of our inspection the deputy manager was leading on a falls awareness training session and he had been trained so that he could deliver this training to staff.

Most people were satisfied with the meals. One person told us, "The food is very tasty and you can have more if you want". Another person said, "You get a good choice beef, lamb, shepherd's pie and plenty of it". We saw on the first and second floor that people received good support to eat their meals and the meal time was a sociable experience for people. We spoke with a relative who told us that they often visited during meal times and spoke highly of the choice and quality of food. We saw on the first and second floor units that drinks and snacks were provided throughout the day. We also saw that catering staff were on each unit to serve meals and to ask for and receive feedback from people about the food. However, on the ground floor unit we received mixed views about the quality of food and the serving of drinks. Some people told us that drinks were served at set times only. We spoke with staff and the manager about this and they told us that people could have a drink when ever they wanted one.

People told us, and records confirmed that they received support from external healthcare professionals. One person told us, "I can see the doctor when I am not well". A relative told us that they were really pleased with the care that their relative received when they were unwell and that staff ensured they received medical treatment when needed. We saw records of visits by the doctor and district nurse. We saw that referrals had been made to other healthcare professionals when staff had observed that there had been a change in a person's health and care needs. For example, we saw that a referral had been made to a dietician for a person who wasn't eating well. However, we did see that not all care records in relation to healthcare needs had been well maintained. We discussed this with the manager during our inspection and they were able to confirm to us that people had received the care and treatment they needed.

# Is the service caring?

## Our findings

People who lived at the home spoke positively about the staff. One person told us, “The staff are very kind and thoughtful”. Another person told us, “The staff who work here are so kind. They seem so considerate. They don’t have to be”.

We saw that interactions between staff and people were kind, caring and interactive and indicated that staff had developed good relationships with people. We saw many very positive interactions throughout our inspection on all three units. For example we saw that staff spoke to people by name as they entered the room. We saw staff asking people if they needed anything. We saw staff offering people a cushion or a foot stool so that people were sitting comfortably. However, we observed that staff were more task orientated on the ground floor unit and spent less time sitting and chatting to people.

We observed that staff respected people’s privacy and dignity when assisting them with their personal care needs. Staff that we spoke with were able to give a good account of how they promoted privacy and dignity in everyday practice. We saw that toilet doors were closed when staff assisted people with their care. We saw that staff knocked people’s bedroom doors and waited for permission to enter.

One staff member told us about a person who likes to be well presented with her make-up done. The staff member talked very fondly about the person and how, whenever possible, they would support her to be as she wanted. We saw one person at the ‘nail bar’ being supported to have

their nails painted, she was smiling and relaxed and proudly showed us her painted nails. This showed that staff respected and understood that people presentation was important to them.

Staff told us that they encouraged people to be independent. A staff member told us, “[Person’s name] was cared for in bed. Every day we encouraged [Person’s name] to sit out and take some steps. They liked music so we would put some music on. We helped and encouraged them every day. They can now do things for themselves, they can eat independently”.

Most of the people we spoke with told us that they had been involved in decisions about their care. Most people told us that they got up and went to bed when they wanted to. People told us that they could spend time in their own rooms if they wanted to. A relative told us that they and their family member had been consulted about a move from one unit to another where staff felt their needs could be met more effectively.

People told us that their family and friends were free to visit at any time and could use the kitchen area on each unit to make drinks. A relative told us, “When we visit we are always made to feel very welcome by staff”. Staff we spoke with recognised the importance of social contact and companionship and told us that this was something that the home encouraged. We saw that two- seated armchairs were available for people to use. A person told us that they liked the arm chair and that this allowed them to sit close to their relative.

Some people invited us to see their room and we saw that that they had been supported to have items of furniture and personal items and pictures to personalise their bedroom.



# Is the service responsive?

## Our findings

People told us that when they first came to live at the home staff asked them how they wanted to be supported. One person told us, “I had a fall at home and came here after a stay in hospital. I have been looked after really well by staff, I feel safe here and I have put weight on”. A relative told us, “They always discuss [Person’s name] care with me. I feel involved in their care. The staff always let me know how [Person’s name] they are”. A relative told us that their family member had recently moved into the home. They told us that they were happy with their relatives care and the way that the move into the home had been managed.

We saw that staff were available to attend to people’s needs. We saw staff supported people with personal care needs when they requested this. We also saw staff respond to people when they wanted a drink, or when people wanted to retire to their bedroom.

Most staff were able to tell us about people’s interests and needs. Some staff had limited knowledge about people’s needs because they were either working on a different unit to cover staff absence or they were working temporary in the home. Staff told us that they had access to people’s care records so they could read about people’s needs and any changes. Some staff told us that they had been involved in doing life work about people’s histories so they have a better understanding of people’s needs and interests. Staff told us that a handover of information took place between staff at the start of each shift so they were kept up to date with information that they needed to know about. Staff told us and showed us records of how work was allocated daily so that they provided continuity and consistency to people. Where staff were working temporarily they told us that there was an experienced staff member on each unit that they could go to for advice and support about people’s care needs.

People told us that they were supported to engage in pursuits that they enjoyed. “I go to the Ravens Bar every week. I enjoy it. I have half a larger and I don’t even have to pay for it”. We saw an exercise class take place on the ground floor. The session was well organised and people were assisted to take part depending on their individual needs. We saw that people really enjoyed the session. However, people told us that they had really enjoyed the

class but it didn’t take place very often. We saw that the activity schedule was displayed. However, people spoken with and records looked at indicated that the class did not always take place as planned.

Some of the people living on the ground floor told us that they were not always happy with the type and frequency of activities that took place in the home. They also told us that they didn’t think they could leave the building on their own for safety reasons. We discussed this with the manager during our inspection. The manager told us that following our feedback she arranged a meeting with people on the ground floor to ask their views about the type of activities people wanted and how these should be arranged. She told us that the meeting was well attended and a new activity plan had been devised. She told us that it was explained to people that they do have the freedom to go out for example to the local shop or park if they choose to. The manager told us that to support people who wanted to go out independently they had advised people that they will purchase some mobile phones for people to take with them as an additional safety measure.

We saw that there were different communal areas and themed areas on each floor for people to use. We saw on the first floor that a sitting area had been made interesting and stimulating for people. There was a tea trolley set up with cups and a dresser displaying china. There was a pub room which was fully equipped and had been named the ‘Ravens Bar’. There were quiet lounges on each floor, a nail bar, hairdressing room and tea room. We saw that the décor had been enhanced with dementia friendly art and reminiscence items for example, hat stand, handbags and memory prompts.

Some people told us that representatives from the church visited the home monthly to conduct a service and they enjoyed this. Staff told us that if people had religious needs they would be supported to practice these. One person told us that they attended a church service and that they were supported by a friend to do this.

The provider had carried out a survey with people and their relatives and the findings of this were displayed in the home. It showed that most people were happy with their care. Most people and relatives told us that they felt able to speak to staff or the manager if they needed to. One relative told us that they had some concerns and had spoken with the manager who was very helpful and approachable. Some people who used the service told us



## Is the service responsive?

that they didn't like to complain but knew who the manager was if they needed to speak with them. Records we saw showed that arrangements were in place for recording complaints and the outcome which showed complaints had been dealt with.

# Is the service well-led?

## Our findings

At our last inspection we found two breaches of the regulation in relation to the arrangements in place for obtaining and acting in accordance with people's consent and ensuring safe staffing numbers at all times. After the inspection the provider sent us an action plan setting out the improvements that they would make. At this inspection we found that the provider had taken action to ensure that these regulations had been met.

We observed that improvements had been made since our last inspection to the care people received on the first and second floor units. We observed staff delivering care in a calm and compassionate way. However, some people living on the ground floor unit of the home told us about aspects of their care that they were not happy with. The manager responded immediately to this and met with people to ask their views and told us what they were doing to make improvements. The arrangements in place to seek people's views about the home for example, residents meetings had not always been effective at capturing and acting on people's views.

We saw that there were systems in place to monitor the service and quality audits were undertaken. Where audits had taken place usually an action plan had been developed so that the provider could monitor that actions had been taken. We saw some care records relating to people's care and treatment were not always robustly maintained to ensure that changes in people's needs and risks were documented, for staff to follow. For example, we saw records in relation to weight loss and risks relating to falls had not been well maintained. Some records had not been completed or kept up to date. We spoke with the registered manager and operations manager about this. When we returned on the second day of our inspection we saw that action had been taken to update the care records. The manager told us that the people concerned had received the care they needed. The audits of care records had not been robust to identify these shortfalls.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and events that had taken place. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken. The manager told us that she had completed a dementia specialist course and a leadership in dementia course. This showed that she had ensured her knowledge of dementia had remained up to date and in line with national practice.

This was a large service and the management team were reliant on good channels of communication to keep them up to date with what was happening in the home. The management team consisted of the registered manager and a deputy manager. We saw that both the registered manager and deputy were visible in the home and spent time talking to people. The manager told us that they needed to improve on the delivery of staff training. She told us that there was a plan in place to address this and ensure that all staff were supported to complete the training needed to carry out their role. They had also put plans in place to improve the frequency of staff supervision and appraisal, and the deputy manager had taken a lead on this. This would ensure that there were effective platforms in place for all staff to discuss their practice.

Staff told us that they felt supported in their role. People, relatives and staff were complimentary about the management team at the home and understood the leadership structure. A staff member told us, "The managers spends time walking around the home. They eat a meal with people and sit and talk to people. They do different audits for example of people's medicines. They observe how we treat people. We get feedback from the manager's on what we do well and what we need to improve". Staff were familiar with the provider's whistleblowing policy and how to raise concerns to external organisations if people's care or safety was compromised.