

# Cherry Garden Properties Limited

## Castle House

### Inspection report

Castle Street  
Torrington  
Devon  
EX38 8EZ

Tel: 01805622233

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### 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Castle House is a residential care home providing personal care and support to 25 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

Castle house is a large detached adapted house in the town of Torrington. It has bedrooms on two floors with access via a passenger lift and stair lift to some areas. The communal areas such as lounge and dining rooms are all on the ground floor

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

People said they felt safe and well cared for. People enjoyed living at Castle House. Most people were local to the area and enjoyed the fact they could still see friends and family and visit the market town they were familiar with. One person said "I wouldn't want to live anywhere else. This is a lovely home and its near to my family."

People were well cared for by a staff team who understood their needs, wishes and preferred routines. Staff were trained and supported to do their job safely and effectively. There were sufficient staff to meet people's needs in a timely way. One person said, "We have been a bit short staffed, but no one has suffered. The staff work very hard and are really good."

Medicines were being safely managed. People received their medicines as prescribed, but the recording of medicines administration was not always consistent. Following feedback, the registered manager addressed this quickly so recording was robust and in line with best practice.

People were protected from abuse because staff had training to understand who and when to report any concerns to. Robust recruitment processes ensured only staff who were suitable to work with people who may be vulnerable were employed.

People's healthcare needs were being well met. The service worked in partnership with other healthcare professionals to achieve good outcomes for people. This included good food and fluid intake. People said they enjoyed the meals, drinks and snacks being offered. Mealtimes were relaxed and seen as a social occasion.

Staffing levels were sufficient to meet people's needs. Improvements had been made to ensure people had activities in line with their wishes. This had included more opportunities to access the local community.

Care and support was being well planned and where possible people and their family were involved in the development and review of their care plans. Risks were being identified, assessed and monitored in line with best practice.

People, relative and staff views were asked for and acted upon.

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.

There were quality assurance processes in place to review and improve the care and support being delivered. This helped to ensure good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection the last rating for this service was good (last report published July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Castle 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 Care Act 2014.

#### Inspection team

The inspection was completed by one inspector and a member of the medicines team.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including registered manager, assistant manager, administrator, senior care workers, care workers and the chef. 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.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with two health professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to/deteriorated to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At the last inspection, we identified some improvements were needed to medicine management. Following feedback, these were quickly addressed. This meant we did not need to issue a requirement.
- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.
- Staff were trained and assessed as competent to administer medicines.
- Medicines were kept secure and the temperature of the medicines refrigerators and medicine room temperatures were recorded, and all were within the required range and therefore the medicines were safe to use.
- When medicines were prescribed for use "when required" records were not always up to date. There was not always enough information for staff to use these medicines effectively. This meant that people may not always gain the expected benefit from these medicines. Following feedback, the registered manager addressed this with immediate effect.
- People had external preparations administered as prescribed and there was always enough information available to apply these in a consistent manner.
- When variable doses of medicines were prescribed the quantity given was always recorded.
- When medicines were hand written on the medicine administration records these had not always been signed which was seen as best practice. This had already been picked up by the registered managers own audit and was being addressed with more training for staff.

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

- People said they felt safe and well cared for. One person said, "They are on the ball, I feel very safe."
- Staff were aware of what constitutes abuse and who they should report any concerns with.
- There were policies, procedures and regular training to ensure safeguarding concerns were followed up when needed. There had been two alerts in the last 12 months. The registered manager worked closely with the commissioning and safeguarding team to work out in each incident if there were areas for the home to improve upon.

### Assessing risk, safety monitoring and management

- At the last inspection, we identified that some risk assessments would benefit from review and improvements. This had happened.
- All risks had been clearly identified and where needed measures put in place to reduce risks.
- National tools were being used to good effect to identify if there were risks to people's nutritional intake, skin integrity and mobility.

- Staff were aware of the identified risks to people's health and knew what equipment was needed to minimise risks. For example, using hoist to safely move people. Also using pressure relieving equipment where it had been identified that someone was at risk of developing pressure damage.

#### Staffing and recruitment

- There were sufficient staff on duty throughout the day and evening to ensure their needs were being met.
- A dependency tool was being used to help ensure staffing levels were in line with people's assessed needs. There were usually five to six care staff per morning shift and five per afternoon shift. They were supported with a full time cook, domestic staff, activities coordinator and well-being champion.
- Most people said there were enough staff available and their needs were being met in a timely way. One person said they had been short staffed over Christmas. When we fed this back to the registered manager, they said, this was true but they had been able to back fill gaps with staff working extra shifts and with some agency. The staff team had been hit badly with illness over Christmas.
- Staff were recruited safely as the necessary pre-employment checks were carried out prior to the new staff member working in the service.

#### Preventing and controlling infection

- Staff understood the importance of infection control. They had regular training updates on this.
- There was a plentiful supply of personal protective equipment available for staff to use.
- The service employed domestics who followed a cleaning schedule to ensure all parts of the home were kept clean and free from odour.
- The laundry room was organised in a way to reduce the risk of cross infection

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. For example, one person fell and hit their head. The incident was reviewed and learning was shared with the whole team, including ensuring medical intervention was always sought in a timely way when an incident involved a head injury.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff confirmed that when a new person came to stay, they had access to their pre-admission assessment.
- The registered manager said they always tried to visit the person and or speak with them and their family to assess their needs and determine whether the service could meet those needs. This information was then used to develop a care plan, outlining what staff needed to do to support the person safely.
- The assessment was in line with best practice guidance and looked at all aspects of people's needs and risks associated with any health conditions.

Staff support: induction, training, skills and experience

- Staff said they were well supported by the management team. They confirmed there were regular training updates. This including on-line learning as well as face to face learning. One staff member said, "There is always a new training area to follow up on."
- The training matrix showed staff received updates on all aspects of health and safety to ensure they could do their job effectively.
- New staff received an induction process which included spending time with a more experienced care worker. Staff new to care were expected to complete the Care Certificate. This is a nationally recognised qualification for care staff.
- Records showed staff had regular opportunities to discuss their training needs in a one to one meeting with their manager.

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

- People said they enjoyed the meals and there was always a choice. One person said, "If you don't like what's offered on a day, you just tell them and they will get you something else. The cook knows what I like and what I won't have."
- The menus showed there was a good variety and choice of meals to help people maintain a balanced diet.
- The cook was aware of people's likes and dislikes and said they could cater for any specialist diets such as gluten-free or diabetic.
- People's weight was closely monitored and where there was a concern they were referred to the GP for advice and support. This had resulted in some people being put on supplementary high calorie drinks.
- The cook was aware of how to ensure some meals were fortified to ensure good calorific intake. Staff were aware of people who may need extra support to maintain a good food and fluid intake. They were flexible and offered additional drinks and snacks to entice people to eat and drink more.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Care records showed the staff team worked with other agencies to effect good health outcomes for people.
- One health professional said the staff knew people well, and did refer them when additional nursing support was needed.

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

- Castle House is a large detached house which has been adapted to meet peoples' needs who were frail and needed support to safely move. Adaptions included grab rails, raised toilet seats, stair lifts and a passenger lift.
- Some improvements were being made to the décor. Corridors were being themed to add interest and provide a stimulating environment for people who were living with dementia.
- Pictures and signage was used to help people orientate to places such as bathrooms and communal areas
- Since the last inspection, the car park had been tarmacked which had improved access into the building.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager said they had a few DoLS authorised and some were awaiting assessment.
- Staff understood the principles of DoLS and MCA and ensured they gained consent for all care and support being delivered where possible.
- There was evidence of best interest decisions being made in conjunction with GPs and family members.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People said staff who supported them knew them well, understood their individual needs and showed care and compassion. One person said, "All the staff are lovely. Very kind." Another person said, "Some are better than others, but they are all kind, they have a laugh with you."
- Staff confirmed they understood people's different needs and ways they liked to be supported. One staff member commented, "We have some characters here. It's all about treating them with kindness. Giving them a chat, a bit of time. Everyone is different so we need to be mindful of that."
- Daily records showed people were being offered personalised care and support.
- When staff talked about people, they did so with respect, seeing them as people first and not just their illness or disability.
- The service had received many thank you cards and letters praising staff for their care. One said, "Fantastic care home, very caring staff who make the residents feel like family."

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

- People, with their relatives were treated as active partners in their care. Staff supported people with their routines and offered them choices throughout the day. Our observations supported this and showed this was embodied into everyday practice.
- People enjoyed having a regular team of staff who knew their needs well. They were consulted about who and what worked best for. For example, what their preferred morning and evening routines were, how they wished to spend their days and who and what was important to them.
- Relatives said they were kept in the loop about important issues such as deteriorating health, for example.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy and dignity was upheld. For example, they said staff always knocked on their bedroom door before entering.
- Staff understood the importance of upholding people's dignity. They ensured people were assisted to be dressed and be well groomed. When a person needed support to clean up after lunch, this was done in a compassionate and discreet way.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People said they had control over their lives. For example, deciding what time they wished to get up and retire to their bedroom, where they spend their day and what they wished to eat. One person said, "Although we may have to wait for staff to be around to help us, they know what times we like to get up and they are very accommodating."
- Care and support was well planned. Care plans were completed on all aspects of the individual's life, their wishes were recorded as well as preferred routines known. The registered manager said where possible the plans were shared and agreed with people or their family.
- The service were looking to make their care plans more dynamic by moving to an electronic system, which all staff would be able to access directly from a device.
- Plans gave staff clear instructions about how best to support individuals taking into account their needs and preferences.
- Staff knew people well and were seen to be responsive to their needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Plans of care included what staff needed to think about in terms of people's communication needs. For example, if they had hearing aids, wore glasses or difficulty processing information due to their dementia.
- The registered manager said information could be provided in large print but usually they read information out to people. They also had large print books and could access audio books if required.

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

- The service had developed their activities in line with people's wishes and interests, as well as getting people to try something new. For example, they had recently had visiting llamas come into the home.
- There had been an increase in staffing hours to support and facilitate people being more meaningfully engaged, including going out and out into the local community. Recently people had been into the town for shopping, out to a pantomime and to places of interest.
- Intergenerational links had been formed with a local nursery and playgroup. These visited the home on a regular basis for activities such as messy play and music and movement. Photos taken showed some people really benefited from these activities.

- The registered manager also said they had been encouraging the local community into the home. This had included the local sweet shop bringing their shop into the home for people to reminisce about the old sweets they used to enjoy.
- There were also regular entertainers who came in to provide music and singing. One person told us they particularly enjoyed a singsong.
- Staff also providing activities such as quizzes, games and on a one to one basis, chats with people. One staff member said, "I came here from working in the community because you get more of a chance to chat with people."

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure and process. The details were posted in communal areas throughout the home.
- Complaints were investigated and any resolutions or improvements were shared with the complainant. There had been one complaint for example, about a member of staff and their attitude. This had been followed up and the staff member concerned offered further training and support.

#### End of life care and support

- Where possible people were assisted to have their end of life care at the home, if this was their wish.
  - Staff worked closely with the community nurse team and the GP to deliver end of life care, which helped ensure people experienced good outcomes, including relief from pain if needed.
- There were many compliment cards from families thanking the service for their caring approach to end of life care. One said, "Thanks for caring for our dad during his final days. We really appreciate the care you gave him."

# Is the service well-led?

## Our findings

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

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

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

- The service were pro-active in seeking the views of people, their relatives and staff. This was achieved through regular meetings with each group, as well as having a suggestion box. In the entrance hall there was a board with 'You said...make the entrance more appealing, We did...redecorated the hall entrance and added furniture'. Another example was a visitor had said they always had to ask the time when they signed in, so the registered manager put up a large clock near the visitors signing in book.
- People said they felt their views were listened to. One person said they would like more spicy food such as a curry. We fed this back to the service and by the time we returned for the next visit, the menu had incorporated curry.
- Staff said their views and opinions were listened to. One staff member said, "This is the best management team we have had since I started working here." Another said, "You can go to the manager or deputy about anything."
- The registered manager said they promoted an open-door policy for staff, people and visitors to pop in and talk to the management team at any time.
- People's equality characteristics were fully considered when reviewing and improving the service. For example, recognising that more people were living with dementia and making the environment more colourful and stimulating.

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

- The registered manager understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. For example, ensuring information was given to the local commissioners and safeguarding teams when there was a serious injury to someone.

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

- Audits were carried out to check on the environment, care records and medicines. We identified and discussed some improvements to these and by the second visit to the service these had been improved.
- The registered manager had worked at the service for several years and understood their role to ensure CQC was kept fully informed of any serious incidents. They also understood all risks to people and the environment needed to be kept under review. They were working with the provider to ensure risks we

identified such as checks on medicines to keep people safe.

Continuous learning and improving care; Working in partnership with others

- The community nurse team said the service worked in conjunction with them to ensure people's healthcare needs were met and closely monitored. Their regular meetings with the link nurse and registered manager was working well.
- The service were working in partnership with the nurse educators on projects such as falls prevention strategies. The service had also recently taken part in a pilot scheme of red bags going into hospital with people. This was to ensure essential information and items went with the person. This was again to improve outcomes for people living at the service.
- Where accident and incidents had occurred, these were fully analysed and outcomes and learning shared with all member of the team.