Care Quality Commission

Cedars Castle Hill

Castle Hill House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 7 and 8 October 2014 and was unannounced. Castle Hill House provides accommodation and personal care for up to 30 older people, including people with dementia. There were 29 people living there when we visited. This provider is required to recruit a registered manager for this type of service. 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 and associated Regulations about how the service is run.

During this inspection we identified that improvements were required relating to specific areas. Improvements were required relating to how medicines were managed because people did not always receive them when they needed them and records were not always accurate. Recruitment checks relating to agency staff had not been completed, not all staff received supervision to monitor

Summary of findings

their practice and there were not always enough staff on duty. The home took action on the day to ensure that checks were obtained for agency staff. Staff did not know how to report safeguarding concerns to the local authority and best practice in relation to decision making for people who lacked capacity was not always followed. We also found that people at risk of malnutrition were not always being appropriately monitored and audits were not always complete. You can see what action we told the provider to take at the back of the full version of the report.

The new registered manager had identified areas of improvement to ensure people received care to meet their needs. This included the increase in the numbers of care workers in response to the review of people's needs that the manager had undertaken. The registered manager told us improvements were being considered to the layout and decoration of the home to support people who at times were disorientated because of their cognitive impairment. People's bedrooms were personalised with their belongings, such as photographs, to assist people to feel at home.

People were cared for by staff who treated them with respect and knew how they liked to be cared for. People told us the manager and staff were approachable and they could talk to them if they had any concerns. We saw action was being taken to resolve people's concerns and complaints.

People told us they felt safe living in the home and they were looked after by kind and caring staff. People had access to health care to meet their specific needs. People were safe living in the home because staff had identified risks and plans to manage these risks were in place.

Recruitment checks had been completed before permanent staff worked unsupervised at the home. Staff were trained in order to meet people's needs. Health professionals told us staff followed recommendations they made to meet people's needs.

Some people, who did not have mental capacity to make specific decisions for themselves, had their legal rights protected. We saw that best interest decisions involved people's representatives and health care professionals in accordance with the principles of the Mental Capacity Act 2005. However we also saw that these arrangements were not in place for another person who lacked capacity. The home complied with the conditions of Deprivation of Liberty Safeguards (DoLS) where they had been authorised. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The registered manager and another senior member of staff were making DoLS applications for other people who lived in the home.

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?

Requires Improvement

The service was not safe. People did not always receive their medicines as prescribed.

People's needs were being met but there were not enough staff to ensure that all jobs could be completed, such as record keeping. The registered manager told us they were going to recruit additional staff as people's needs had increased.

People told us they felt safe living in the home. Staff were aware of how to support people to manage identified risks, such as risk of harm from falls.

Is the service effective?

Requires Improvement

The service was not fully effective. Staff did not receive regular formal supervision(meetings with a manager). We saw for some staff that identified areas of improvement had not been followed through.

People who required assistance to eat and drink received this support and staff were aware of their needs. However not everyone at risk of poor nutrition, had been monitored for weight loss.

Some staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's capacity to consent to their care and treatment was assessed. However we saw that there was no best interest decision recorded for one person who sometimes refused personal care.

Is the service caring?

Good

The service was caring. People and their representatives told us the care and support they received was brilliant. People praised all of the staff within the home and felt they were always treated with care and respect.

People and their representatives told us they were at the centre of their care, and made the decisions that they wanted.

Is the service responsive?

Good

The service was responsive. Staff responded to people's needs and senior staff ensured that all staff were aware of any changing needs.

People's views and concerns were listened to and acted upon. The registered manager and senior staff dealt with complaints to find a positive outcome for all involved to ensure people's care needs were maintained.

Summary of findings

Is the service well-led?	
The service was not well-led overall. Although the newly appointed registered manager had a clear improvement plan for the home there were current areas of responsibility and audits that staff were not clear about. People found the registered manager to be open and approachable. People and their relatives were asked for their views about the service they received. Staff felt supported and would raise concerns with the registered manager.	**Requires Improvement**

Care Quality Commission

Castle Hill House

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 7 and 8 October 2014 and was unannounced. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service. Before the inspection we asked the provider to complete a Provider Information Return (PIR). The Provider Information Return (PIR) is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, which included the provider information return and notifications. We spoke with the local social services team about working with the manager and staff at the home.

The service is provided by a charity that is governed by a board of trustees. During our inspection we spoke with the chair of the Trustees, the registered manager, deputy manager, six care workers, and one activity coordinator. The registered manager had been in post for three months at the time of the inspection. We spoke with 13 people who were using the service and five relatives.

We reviewed the care records of five people who used the service, four staff recruitment files, staff duty rosters, and nine people's medicine administration records. We looked at other records relating to the management of the service. This included fire risk assessments and servicing certificates for the fire safety equipment and system. We undertook general observations in communal areas and during mealtimes.

After the inspection we spoke with a district nurse and an occupational therapist who provided us with information about how the service implemented recommendations they made to meet people's needs.

Requires Improvement

Is the service safe?

Our findings

The service was not safe. Some people were not always receiving the medicines they were prescribed, recruitment checks on agency staff had not been completed and procedures relating to safeguarding people were not always followed. Some fire exits were blocked by trolleys and evacuation plans did not provide enough detail to support staff if the plans needed to be actioned.

Medicines were stored safely and people told us they received their medicines when they needed them. One person's relative told us their relative received, "all the medical care and medicines they need". However, we checked nine people's medicines and saw that eight people had not received their medicines on some days. There were some records for the medicines not administered that gave the explanation 'too sleepy' or 'refused' There were no records that the home had contacted people's GP to seek advice if people were becoming too sleepy or regularly refusing their medicines. Staff told us they regularly went back to the person to administer their medicine if they had been asleep. However this was not recorded on the medicine administration records. Records showed that three people had not received their medicines. Staff were unable to explain why their medicines had not been administered on some days.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager had identified that staffing levels in the home needed to increase following a review of the needs of people. People told us they knew the home had staffing problems due to sickness but "they (the staff) all work very hard". Some people told us that sometimes they had to wait for assistance but they never had to wait too long for any important or urgent need. Staff told us the registered manager tried to cover staff absences when people were on sick leave and staff offered to work extra shifts. We looked at the staff roster for the period from the 28 July to the week of the inspection and saw there were some staff absences that had not been covered. The registered manager told us vacancies were also covered through the use of agency staff but this was not always possible if agency staff were not available. The staff told us that they worked together as a team to ensure that people's needs were met. Staff told us that at times they did not have time to complete all records or take a break but they always met people's needs. One member of staff told us, "Sometimes charts don't get done." The registered manager and chair of the Trustees told us that additional staffing had been approved by the Board of Trustees.

Records relating to recruitment showed that the relevant checks had been completed before permanent staff worked unsupervised at the home. These included employment references and disclosure and barring checks. We found recruitment checks had not been completed for agency staff. The home took action that day and ensured this information was checked and in place.

A relative told us they would not hesitate to raise any concerns but they did not have any concerns about how people were looked after in the home. They said, "I have never heard a member of staff talking badly to people here. They are great." Staff we spoke with demonstrated their knowledge of what constitutes abuse and they were aware of how to report concerns. One member of staff had raised concerns about another member of staff's practice. The registered manager had investigated these concerns but had not shared the information with the local safeguarding authority. This did not follow the local authority protocol for responding to allegations of abuse. We raised this with the registered manager and asked them to raise this concern with the local authority that day. The registered manager told us they were going to attend a refresher course for managers on safeguarding adults. Staff told us they had received training in safeguarding adults and records confirmed this. All staff told us they were confident that the registered manager would respond to any concerns if they had any.

The building was maintained and regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. However there were linen trolleys around the home that blocked stairwells and were left in narrow corridors leading to fire exit routes. The home's building fire risk assessment stated that these trolleys should not be stored in these locations. There was an emergency plan in place to support people if the home needed to be evacuated. However they had limited detail. Staff told us they had received fire safety training and most staff knew what action they would take in the event of a fire. However one member of staff was not aware of all of the practical arrangements for evacuation. This meant there was a risk that this member of staff wouldn't know what action to take to support people as the emergency

Is the service safe?

plans for each person were not detailed. We raised these concerns with the registered manager who told us they would take immediate action to ensure fire exit routes were clear and all staff understood what to do in the event of a fire.

People told us they felt safe living in the home and were kept safe by staff. One person told us, “Of course I would prefer to be at home, but I can’t really look after myself there now. I am safer here.” One person’s relative told us the staff had identified their risk of falling and there were measures in place to help keep the person safe. They told us the care provided respected their relative’s freedom of movement. They said, “The staff have learned to be ready for this (frequent falls) and make the surroundings as soft and safe as they can.”

Staff demonstrated their knowledge of other risks relating to people’s mobility and told us how they supported people to move safely and what equipment was in place.

Staff took appropriate action following incidents to ensure people’s safety. For example, the plan of care for someone who experienced frequent falls had been reviewed. The person had been referred to their GP to check if they had an infection that may have caused these falls. For other people there was evidence of advice being sought from health professionals to ensure people’s safety and to meet their needs.

Staff demonstrated their knowledge of supporting people at risk of developing pressure sores. Staff were aware of the identified risks for each person. We looked at two people’s care plans who had an identified risk of developing a pressure sore. The plan of care to prevent sores developing included repositioning people, pressure relieving equipment and prescribed creams. We saw staff were supporting people as planned and documenting it on a repositioning chart.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. Staff did not receive regular formal supervision. Best practice in relation to decision making for people who lacked capacity was not always followed and people at risk of poor nutrition were not always monitored.

Staff told us that they received informal support and supervision but they had not had regular formal supervision. This meant there was a risk that staff were not being supported to identify gaps in their knowledge and to discuss any concerns in meeting people's needs. Staff told us they were supported by team leaders and the senior staff in the home on a day to day basis if they had any concerns about how to meet someone's needs. Staff attended staff meetings and handover meetings to ensure they understood how to meet people's needs. However some staff told us they did not know who their named supervisor who would be responsible for carrying out regular formal supervision. Some staff had received a formal supervision to support them with their practice and identify areas of improvement. For two staff it had been identified their practice needed to change in certain areas. However, checks had not been undertaken to ensure staff practice had changed.This meant there was a risk staff were not supported to ensure they understood how to provide care to a high standard and to meet people's needs. The registered manager told us the lack of regular supervision had been recognised and the structure of who people supervised was being developed and supervision dates were being planned.

People who required assistance to eat and drink received this support and staff were aware of their needs. This included people who required modified diets, thickened fluids and support to eat and drink. People had access to drinks within reach and we observed a care worker supporting someone to drink, who needed help due to their health. We observed a member of staff supporting someone with their lunch who was cared for in bed. The member of staff took time to ensure their nutritional needs were met in a patient and kind way. People who were at risk of dehydration and malnutrition were monitored and records showed that concerns were discussed with people's GPs. However, one person who had been identified as requiring their weight to be monitored every two weeks had not been weighed for seven weeks. This meant that there was a risk that the person may have lost weight and their care plan to support them with their nutrition had not been updated or discussed with their GP. The registered manager was unable to explain this but told us they would take action that day to ensure the person's weight was monitored and any necessary action taken.

People gave us mixed feedback about the quality and choice of the food in the home. People's feedback included, "the food is lovely" and "the suppers are rubbish, all those sandwiches". There had been two complaints about the food which raised concerns over the choice of food at supper time and the types of meals offered during hot weather. The registered manager told us that they had been working with the cook to improve meal choices and the menu and feedback about the meals offered but the complaint was not yet resolved. People were offered a choice of two hot meals at lunchtime each day and two, or three, puddings.

The registered manager and some staff had a clear understanding of the Mental Capacity Act 2005. Two care workers told us that they were not clear about the Mental Capacity Act 2005 as team leaders dealt with assessments but they were aware of how to carry out their role and to support people with daily decisions. People, who did not have mental capacity to make specific decisions for themselves, had their legal rights protected. Best interest decisions involved people's representatives and health care professionals. For example, a best interests decision was made to use a sensor mat to alert staff when one person mobilised as they had experienced falls. A 'best interest' decision is made about a specific issue and involves people who know the person and takes into consideration their previous views and beliefs. However, there was no best interest decision recorded for one person who sometimes refused personal care. Staff said if someone refused personal care they gave them some space and offered to provide the support later. This meant there was a risk that staff were providing care without a best interest decision in place.

People told us that their health needs were met as staff contacted their GP if needed and they were visited by a district nurse and their GP on a regular basis. One person told us, "My leg is still bad after a fall at home, but the nurse comes and deals with it every week- sometimes more." A district nurse told us the home contacted them promptly if they had any concerns about people's health and followed

Is the service effective?

through their recommendations in caring for the person. One person's relative told us the home always ensured their relative received all the medical care they required. Another relative told us, "They are brilliant here."

People had access to health care professionals to meet specific needs. Records showed that people were seen by health care professionals in response to changing needs and management of existing conditions. One health care professional told us, "They (the staff home) contact us very quickly." We saw from two people's records that a change in their health had been discussed with their GP and both people had been referred to specialist health care professionals, including mental health professionals, to receive treatment. The staff at the home had made arrangements for a person to attend a hospital appointment with a member of staff to support them. The home had liaised with the hospital to assist the person to prepare for a medical procedure. Records showed that people had access to dental and foot care professionals to meet their on going health care needs.

Staff demonstrated their knowledge of people's needs. Staff were able to tell us about individual people's care needs and how they cared for them to meet these needs. Staff told us they received advice and guidance from visiting health professionals in response to people's changing needs. A health professional told us the home identified one member of staff to work with them when they visited the home. They told us this ensured their recommendations were handed over to one member of staff who took responsibility to feedback to the rest of the care team. This meant there was effective communication with health professionals and the care staff team.

New staff told us they had received induction training and shadowed experienced staff prior to starting work unsupervised. Staff told us they had the opportunity to study for nationally recognised qualifications and attended refresher training. We saw training records supported this. For example, staff received training on moving and handling, fire safety and infection control. One member of staff told us the staff team had not received any formal training on supporting people with challenging behaviour. However, the manager and senior staff service had sought advice from mental health professionals on how to meet people's needs. We saw from minutes of management committee meetings the registered manager had identified the need for staff to undertake training on challenging behaviour. This showed gaps in staff knowledge had been identified and training was planned to ensure staff provided appropriate care.

Four people in the home required some restrictions to be in place to keep them safe and for them to remain living in the home. The home had been granted the right by the local authority to deprive these four people of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) and the provider was complying with the conditions of these authorisations. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards can only be used when there is no other way of supporting a person safely. Staff were aware of the authorisation and the implications for this person's care and when these safeguards were to be reviewed. The provider kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were protected. That there were other people that the home had identified as requiring these safeguards to be applied for. The provider was in the process of making DoLS applications for other people who lived in the home.

Good

Is the service caring?

Our findings

People's privacy was respected. Some people chose to spend all or part of the day in their own room and this was respected by staff. It was clear that people had been supported to personalise their bedrooms with their belongings, such as photographs and pictures, to help people to feel at home. Bedroom doors were always kept closed when people were being supported with personal care. One person told us staff are, "very respectful and very helpful". However we also saw that the treatment room in the home that displayed some information on the wall about people's mobility needs. This room was also used as a hairdressers and was accessed by a number of people who did not have the authority to view this information. We spoke with the registered manager about our concerns of people's information being displayed. The registered manager told us that there were plans for the treatment room to be moved so that information about people would be stored privately in future.

People were cared for by staff who treated them with kindness and compassion. People and their relatives told us the staff were kind, caring and compassionate. One person told us, "everybody is on hand to help you" . Another person told us, "All of the nurses and carers are so lovely." One person's relative told us their relative was, "looked after beautifully". Another person's relative told us, "It is almost a family atmosphere here, we all know each other." One member of staff told us, "we try to make it as homely as possible." We saw that one person who was cared for in bed, had eaten their favourite meal at lunchtime. When we visited they appeared comfortable and there was music playing gently in the background.

We observed staff talking to people in a polite and respectful manner. Staff knew people's needs and preferences and spent time talking with people in a friendly way. Staff showed compassion in how they spoke about supporting people whose behaviour challenged at times due to their mental health. One member of staff told us, "We always reassure." Another member of staff told us how they supported people in a dignified way during personal care by always talking to the person about what they were doing next. We saw staff reassuring people when supporting them to move using equipment and explaining what they were doing. Staff were aware of what could cause distress for some people and supported them to feel reassured and cared for. Staff told us they were aware of people's preferences for where they liked to spend their time and how they liked to be cared for. We observed how these preferences were respected.

People and their relatives told us that they were involved in making decisions about their own care. People told us staff involved them daily in their care and how they spent their day. One person's relative told us they had been talking to the home about how the person would be cared for in the future as their needs increased. Another person's relative also told us they felt involved in making decisions about their relative's care. They said, "Oh yes, it's so different from the last place they were in. I see their care plans all the time. The staff and the manager do listen to you, I feel involved."

Good

Is the service responsive?

Our findings

People's needs were assessed prior to them moving into the home. Care plans contained personalised information about people. Staff were able to tell us how people liked to be supported and what was important to them. One member of staff told us that when people move into the home they ask people their wishes and meet with people's representatives. They told us, "if they can't remember we ask their families". The registered manager told us care plans and risk assessments were currently being updated to ensure they reflected people's current needs. A member of staff told us, "I have been given responsibility for care plans and reviews." They told us they were in the process of updating all care plans. We saw some care plans recorded changes to how people were cared for. For example, one person's care record detailed a new piece of equipment that staff used to support the person to move safely.

People and their representatives were able to raise concerns and complaints and they were responded to. One person told us they had raised a complaint about the food and they were still not satisfied. There had been other complaints about the food from people's representatives. The registered manager told us they were working with the kitchen staff on identifying improvements to meet people's preferences to resolve these complaints.

The people and relatives told us that they would be happy to raise any issues or complaints and they had. Two people told us that the registered manager was new in post and was "very approachable". One member of staff told us, "Feedback (from people who use the service) is encouraged. Anything that isn't right, we put right." People had been consulted about specific issues such as menu choices, room decoration and chiropody options. People and their representatives told us they felt involved in how their care was provided.

There was a programme of activities that some people took part in. Staff told us activities staff responded to people's individual needs. One member of staff told us that someone enjoyed playing cards and "activity staff do play cards with them (the person)". Another member of staff told us that the activity staff "take people out" and spend time with people who are cared for in bed. People were supported to maintain relationships with their family and friends. Relatives told us they were welcomed into the home. The registered manager told us the home had started looking at what improvements could be made to how activities and therapies were provided to meet people's individual needs.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who used the service. Staff told us they were kept updated about people's care needs by team leaders at the start of each shift. Staff demonstrated an awareness of people's changing needs and their wishes of how they liked to be cared for. For example, staff told us that one person's health had deteriorated and they were having more bed rest. They told us they had spoken to the person's GP and relative. Another member of staff told us about one person's changing needs that were being discussed with their family. They said, "Their family are coming in this afternoon." A health professional told us the staff ensured recommendations of the plan of care were passed onto care workers. They told us, "They are absolutely brilliant."

People's representatives were involved in the assessment and planning of their relative's care. One person's representative told us they saw their relative's care plans. They said, "The staff and the registered manager do listen to you. I feel involved." Another person's relative told us they were involved in the planning of their relative's care and this was currently being reviewed to meet their changing needs. Staff contacted people's representatives in response to people's changing needs.

Requires Improvement

Is the service well-led?

Our findings

The service was not well led overall. There were areas of responsibility that staff were not clear about and some audits were not always completed. The registered manager who had only been in post since August 2014 had identified where the service required improvement, however there were current areas of responsibility and audits that staff were not clear about. For example, staff told us they did not know who they reported to for formal supervision and who took the lead in monitoring people's weight. Medicine administration and recording errors had not been identified by staff responsible for administering medicines and staff were not clear who was responsible for the monthly audits of medicines. The registered manager had identified how improvements could be achieved. This included changes to the management structure, staff roles and responsibility and the physical environment of the home. For example, the registered manager had identified that the internal layout and decoration of the home needed improvement to support those who at times were disorientated due to their cognitive impairment. One health care professional told us, "The manager is very proactive in ensuring that all recommendations are followed through." Another health care professional told us, "They are genuinely interested in getting it right."

There was a governance structure in place to oversee the management of the home. Operational issues were reported to the board of Trustees by the registered manager to ensure accountability of the home. We looked at the previous management report to the Trustees and saw that accidents and incidents were reported and action agreed. The registered manager had reported back to the Trustees on proposals to improve the service and to drive improvement. We were told by the chair of Trustees that these proposals had been accepted by the Trustees and the detail was now being worked on so all staff could be involved and consulted. We were not able to see how and when these improvements would be implemented as proposals had not been finalised.

People told us the registered manager was "nice", "approachable" and "she shows an interest in us". Relatives told us that the registered manager and other senior staff were approachable. The registered manager had been in post since August 2014. Staff were aware of the whistleblowing policy and procedure and said they would feel confident to raise concerns to the registered manager. Staff also told us the registered manager was accessible and approachable. One member of staff told us, "The home is well managed." Another member of staff told us they felt supported by the manager and colleagues. They said, "If I had any concerns I would go to a team leader."

Honest communication was encouraged and staff told us that they felt comfortable sharing concerns. All staff and the registered manager and chair of the Trustees told us that staff were encouraged to talk about any concerns so any necessary action could be taken. The registered manager had responded to concerns from staff. One member of staff told us, "If there were any small gripes, staff would talk about it. They are quite open." Another member of staff told us they had raised concerns about staffing levels in the home and the registered manager had responded. They told us, "We had a meeting and she (the registered manager) listened." Another member of staff told us staff worked well together to meet people's needs and they were aware the manager was recruiting more staff. They told us, "There is a plan."

Audits of accidents and incidents were carried out monthly to ensure people's needs were being met. Where any issues had been highlighted an action plan had been put in place. This was then monitored at the next audit to make sure improvements had been made. For example, for one person who had sustained a fall health checks had been carried out to identify any reason for these falls. The staff also used the Gold Framework Standards around end of life care to ensure people received the support and care they wanted and needed.

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
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services and others were not protected against the risks associated with the management and recording of medicines. Regulation 13.