

Castlegate House Rest Home Limited

Castlegate House Residential Home

Inspection report

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Grantham
Lincolnshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Castlegate House Residential Home is a care home that provides accommodation and personal care for a maximum of 20 older people including people living with dementia. At the time of our inspection 16 people were using the service.

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

Improvements were needed to the safety of the home. An uncovered radiator on the first-floor landing was hot to the touch and might cause burns if a person came into contact with it. Fire doors were wedged open, there was a damaged/loose stair, and some windows were nailed shut. The home's fires risk assessment had not been reviewed since December 2018, although it was being reviewed on the day of our inspection.

Other improvements were needed to the premises. We identified this at our previous inspection and the provider said they would address it. However, at this inspection the premises were still in need of attention. Some carpets were worn and stained; decoration and furnishings were tired, worn and damaged; and the décor was not suitable for people living with dementia. The lift was out of order and people were using stairlifts instead.

Improvements were needed to staff and medicines records, a medicines storage facility, and the home's safeguarding policies and procedures.

Some of these issues were long-standing and had only been identified in the week prior to our inspection by the home's director of care quality and compliance. They had produced an action plan and were working with the provider, registered manager and staff to make improvements.

The home had a happy, caring family atmosphere. People and staff enjoyed each other's company and knew each other well. Staff provided personalised care and understood what was important to the people they supported. They knew how to protect people from abuse and what to do if they had any concerns about their well-being.

The registered manager worked closely with staff to ensure people received a caring service. We received many positive comments about the home from people, staff, relatives, and healthcare professionals.

We identified breaches in relation to the safety of the premises and the governance of the home. The provider did not ensure the premises were safe for their intended use, nor did they have effective systems in place to assess, monitor and improve the quality of the service.

You can see what action we have asked the provider to take at the end of this full report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 10 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety at the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from abuse.

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?

The service was not always safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below.

Requires Improvement ●

Castlegate House Residential Home

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 team consisted of two inspectors.

Service and service type

Castlegate House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. 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 two people using the service and five relatives about their experience of the care provided. We spoke with the director of care quality and compliance, the registered manager, the deputy manager, two care workers, the activity co-ordinator, and the cook. 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 relating to the management of the service, including policies and procedures, accidents and incidents, medicines, and quality assurance. We looked at three people's care records.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risk assessments were not being completed effectively to reduce the risk of harm to people living at the home.
- An uncovered radiator on the first-floor landing was hot to the touch and might cause burns if a person came into contact with it. We reported this to the registered manager and director of care quality and compliance. They immediately turned it off, added it to their action plan, and said it would be covered as a matter of priority.
- Some fire doors were wedged open, there was a damaged/loose stair, and some windows were nailed shut. The home's fires risk assessment had not been reviewed since December 2018, although it was being updated on the day of our inspection. These issues posed a risk to people in the event of a fire, as did the delay to essential works being carried out as soon as they had been identified.

The provider had failed to ensure the premises being used are safe to use for their intended purpose. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments telling staff how to support them safely. These covered areas such as skin integrity, nutrition, and falls, and were reviewed and updated monthly.
- Staff were trained in moving and handling and had annual refresher courses. One staff member's refresher course was overdue and the registered manager was addressing this to ensure their skills remained up-to-date and they supported people to move safely.
- Staff completed the Herbert Protocol for people at risk of going missing. This involved a form that staff, family and friends of a person filled in to provide information to the police and other agencies should a person go missing.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. These were personalised, for example one person liked to have three personal items with them at all times and this was made clear in their plan.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us staff looked after people well and they had no concerns about people's safety. A relative said the home was, "Safe, yes very safe." Another relative told us staff always contacted them if they had any concerns about their family member's well-being. They told us, "Staff look after (person) really well."
- Healthcare professionals were regularly in the home and said it was safe. One said, "I go in every six weeks. [I have] no concerns at all." Another told us staff were 'cautious and caring' in the way they looked after

people.

- Staff were knowledgeable about safeguarding and knew how to protect people from harm. Any concerns about people's well-being were addressed and reported to the appropriate authorities. Staff training in safeguarding was up-to-date. All the staff we spoke with understood their safeguarding responsibilities.
- The home's safeguarding policies and procedures were being updated to make it clear what actions staff needed to take if a safeguarding incident occurred.

Staffing and recruitment

- Staff were busy at the time of our inspection due to an unforeseen staff shortage. This had led to some staff working long days to ensure all shifts were covered. The registered manager and director of care quality and compliance said this was a temporary situation which they were addressing. People using the service were not affected by this issue as their needs continued to be met.
- People and relatives had no concerns about staffing levels and said people's needs were always met. A care worker told us, "We are not rushed [and] things are done as they should be."
- The registered manager used a dependency tool to work out staffing levels and ensure there were enough staff on duty at all times.
- All new staff had criminal records checks, inductions, and the correct training before they started work at the home. The director of care quality and compliance had audited staff recruitment files to check they met the provider's safe recruitment procedure, and noted areas where improvements were needed. For example, a number of staff had unexplained gaps in their employment and one file only had one reference. These issues were being addressed by the registered manager.

Using medicines safely

- The director of care quality and compliance had audited medicines records and identified where some improvements were needed. For example, one person was prescribed pain relief to be given four times a day but staff were administering it as required. The deputy manager was addressing this.
- The home had a locked wooden cupboard where some medicines were kept. This was untidy and difficult to clean. We discussed this with the director of care quality and compliance who said they would add it to their action plan and ensure the cupboard was either improved or replaced with a purpose-designed storage facility.
- We observed part of a medicines round. People were encouraged to take their medicines with a drink and staff stayed with them until they had done this, as instructed in people's medicines care plans.
- Only trained senior staff gave out medicines. The registered manager or deputy manager carried out regular competency checks to ensure staff administering medicines were doing this safely and appropriately.
- People had PRN ('as required') medicines protocols. For example, one person's instructed staff to use a 'pain scale' to assess when they needed their PRN pain relief medicines. This helped to ensure the person had this medicine when they needed it.

Preventing and controlling infection

- Staff had training in infection control which included annual updates. They wore personal protective clothing as required, for example gloves and aprons.
- Anti-bacterial hand gel was widely available in the home for the use of staff, people, and visitors. A visiting healthcare professional said the home was always, "Clean and tidy."

Learning lessons when things go wrong

- The home's actions following a recent incident had been reviewed and learning was in progress. The director of care quality and compliance and the registered manager were ensuring staff understood the

provider's recording and reporting systems. The director of care quality and compliance was reviewing the provider's protocol for staff suspension following accidents/incidents to ensure it was fit for purpose.

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, relatives and healthcare professionals said the staff were always caring and kind. A healthcare professional said, "The staff are friendly. They have a good relationship with people and are really helpful." Another healthcare professional commented on how well staff supported people if they were distressed.
- During our inspection we witnessed many caring interactions between staff and people. Staff knew people well and engaged in banter with them which people enjoyed. A care worker said working at the home meant 'helping improve someone's quality of life'. They told us, "I enjoy working here I feel part of the team, I adore all the residents."
- The cook spent time with people discussing menus and listening to people suggestions for meals. They told us, "Everyone is like a family here and the best part of my job is empty plates." At lunch the atmosphere was friendly and sociable, and staff supported people to choose what they wanted and enjoy their meals.
- Staff valued the people and provided personalised caring support. A staff member said, "You can't treat everyone the same or deliver the care in the same way as everyone is different." People's cultural needs were identified and met.
- The registered manager was a friendly and reassuring presence in the home, talking with and supporting people and staff throughout the day.
- The registered manager and staff were caring members of the local community. During our inspection a member of the public fell in the street outside the home. Staff immediately went to their aid. Previously staff found a person who used to live at the home alone in the community and distressed. They took immediate action to support this person and take them to safety.

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

- People and relatives were consulted and involved when care plans were written and, where possible, people signed to consent to the care and support provided. Care plans considered people's preferences, likes and dislikes and enabled staff to provide effective care that met their needs.
- Staff involved people in making decisions about their care and daily routines. They knew people's preferred methods of communication and communicated with them in a way they understood.
- People and relatives had ongoing opportunities to comment on people's care and the support during reviews and through informal discussions.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity. A relative said staff had 'patience and respect' for the people they supported. Staff ensured curtains and door were closed when

people had personal care. If people were sharing a room staff used 'dignity screens' to ensure their privacy was respected.

- The home employed both male and female staff and people could usually choose the gender of the staff supporting them. A relative said their family member was offered male or female staff but didn't mind which they had.
- A few people's bedrooms on the ground floor looked out directly onto the street. The registered manager was checking the privacy of these rooms to ensure no-one could see into the home.
- A hairdresser visited the home and people who wanted to had regular appointments. Staff supported people to maintain their personal appearance in the way they preferred. A relative said, "[Family member] is always clean and tidy."
- A relative said a person's washing sometimes went missing. We reported this to the registered manager who said she would address this issue and resolve it.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection in January 2019 we found that parts of the building were showing signs of wear and tear. The provider said they would address this. However, at this inspection the premises were still in need of attention. Some carpets were worn and stained; decoration and furnishings were tired, worn and damaged; and the décor was not ideal for people living with dementia.
- There were issues with the safety of the premises including a hot radiator, fire doors wedged open; a damaged/loose stair; and windows nailed shut. The home's fires risk assessment had not been reviewed since December 2018, posing a risk of harm to people.
- The director of care quality and compliance also identified issues with medicines, care and staff records, and staff supervisions. The home was working to an action plan to address all shortfalls with a completion date of the end of May 2020.
- The passenger lift had broken down and although people had the use of stairlifts, staff said the passenger lift had been more convenient when assisting people who used wheelchairs as it minimised the amount of transfers. The registered manager and director of care quality and compliance said the lift had proved difficult to repair and the provider was still looking for someone to fix it.
- The director of care quality and compliance had already identified some of these issues in an audit, carried out the week prior to our inspection. However, it was concerning that some of these issues were long-standing and had still not been addressed.

The provider had failed to establish effective systems and processes to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The director of care quality and compliance had produced an action plan and said they were working with the provider, registered manager and staff to make the necessary improvements to the home.
- The registered manager worked closely with staff and spoke with people and relatives on a daily basis. Staff told us the registered manager was always supportive, contactable, and knowledgeable about the people using the service.

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

- People and relatives all made positive comments about the home. A person told us, "I do like it here." A relative said, "Absolutely brilliant, home from home, happy and supportive." Healthcare professionals told us they had no concerns about the quality of the care provided and the home was 'very person-centred'.
- People achieved good outcomes at the home. For example, following staff support, one person no longer needed their frame to walk. Another person, who had originally had a poor prognosis, had gained weight and were better hydrated. Relatives were pleased with their progress and said they were having a new lease of life.
- The registered manager and staff were loyal to the home and the people they supported. The registered manager was proud of her staff for their dedication and teamwork. She told us, "They have come together to make sure the residents are cared for. They would never let our residents down."

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 the duty of candour and worked in an open and transparent way when incidents occurred at the home, reporting them to other agencies as required.
- People, relatives and staff said the registered manager was friendly and easy to talk with. A relative told us that if they had any concerns they would take them to the registered manager because they were 'lovely and approachable'.

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

- People and relatives were invited to meetings with the registered manager and staff every three months. This gave them the opportunity to discuss the home and any issues or concerns they had. Relatives were also invited to the home to join their family members when entertainers visited. There was a meeting planning on the day of our inspection visit for people and relatives to discuss recent developments at the home.
- The registered manager sent out annual quality assurance questionnaires to people, relatives and staff. There was a suggestion box in the reception area for people and visitors to use.
- Staff ensured people's equality and diversity needs were met. For example, they had used a mobile phone language translation application to communicate with a person and also provided them with culturally appropriate food.

Working in partnership with others

- Healthcare professionals told us staff at the home worked well with them, were helpful, and communicated well. Relatives told us staff always contacted healthcare professionals when they needed to ensure people's needs were met.
- A local church came to the home once a month to conduct a service. People used the local shops and parks supported by staff. Local schools and dance groups came into the home to meet and entertain people.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure the premises were safe to use for their intended purpose.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to establish effective systems and processes to assess, monitor and improve the quality of the service and respond to shortfalls.