

Pebblestones Limited

Casterbridge Manor

Inspection report

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Cerne Abbas

Dorchester

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Casterbridge Manor is a residential care home providing personal and nursing care to up to 64 older people. The home is in a rural setting on the outskirts of Cerne Abbas in Dorset. The home is divided into distinct living areas where people are cared for based on their needs. The areas are described by the staff team as: residential, nursing, palliative and dementia. At the time of our inspection there were 54 people using the service.

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

People and their relatives were positive about the home and the way staff cared for people. Comments included, "(Person) has always received kind and conscientious care from Casterbridge Manor staff." and "They think about the little things." One person, who was not able to tell us their views with words due to the impact of their dementia responded to a member of staff with a broad smile and relaxed posture.

There were enough staff to meet people's needs. Recruitment processes were not robust enough to ensure employment gaps were always explored and clearly demonstrated the role of the person providing the reference. A change was made to recruitment processes to address this.

Environmental risks were not managed sufficiently to protect people. Fire doors were propped open and the building was not secure. The security of the building was addressed during our inspection. The registered manager was responsive to concerns about the maintenance of fire doors however we found the response was not robust enough.

Risks to people were regularly reviewed alongside people and their families when appropriate. However, we identified that some risks had not been assessed and the oversight of risks associated with dehydration was not sufficient. The registered manager and senior staff addressed this during our inspection.

People received their medicines safely.

People were supported by staff who had received safeguarding training and understood how to report concerns.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Accidents and incidents were managed appropriately. Each accident or incident was reviewed by the registered manager to ensure staff had taken appropriate action.

The registered manager had a monthly program of audits which had been completed. However, these audits and the oversight in place had not identified all the areas of concern identified during our inspection. The senior team reviewed and improved their oversight tools during our inspection.

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 January 2019).

Why we inspected

The inspection was prompted in part due to concerns identified in another home run by the same provider. Senior staff working in that home had moved from Casterbridge Manor and we had concerns working practices had been transferred. A decision was made for us to inspect and examine those risks. We did not find people were at risk due to these risks, however we found some similar areas that required improvement. You can see what action we have asked the provider to take at the end of this full report.

The registered manager and senior team were responsive and put measures in place to reduce risks during our inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to risk management and the governance of the home. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Casterbridge Manor

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Casterbridge Manor is a 'care home' with nursing care. People in care homes receive accommodation, personal and nursing care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered under the current provider. We sought feedback from the local authority's quality team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and a relative. We asked the registered manager to send a poster to relatives asking them to contribute to the inspection. We heard back from two relatives. We spent time observing the support people received in communal areas. We also spoke with 20 staff including the registered manager, the deputy manager, nurses, senior care staff, care staff, housekeeping and maintenance staff. We received feedback from the quality monitoring team, the fire service and a GP. We also reviewed feedback provided to the home by another GP and two social care professionals.

We reviewed a range of records. This included documentation related to 10 people's care and a sample of medication records. We looked at a variety of records relating to the management of the service, including training records, incident records, 3 staff recruitment files, a sample of quality assurance processes and policies and procedures.

After the inspection visits the registered manager sent us additional information about the service provided at Casterbridge Manor and details of actions they had taken as a result of our feedback.



Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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 risks were not adequately managed. During our first visit we arrived at 6:40am and were able to access the building through an open door and find our way into areas where people were sleeping without meeting any staff. The registered manager told us they would ensure the building was secure.
- We also found fire doors to people's bedrooms held open with furniture and folders. People were asleep in rooms where the doors would not automatically close in the event of a fire. These doors were not linked to the main fire system but had a battery operated closure system (acoustic fire door holders) that was activated by the sound of the fire alarm. The batteries needed replacing in all the door holders where the doors were held open. The registered manager assured us that they were putting systems in place to ensure the door holders were maintained appropriately and operated safely. On our second visit we found a fire door held open by a chair because the battery in the door holder needed replacing. The need to replace this battery had not been recorded in the maintenance book.
- Most risks people faced had been identified, assessed and the care plans in place to mitigate the risks were reviewed regularly. These included risks associated with mobility, skin integrity and malnutrition. We identified that 2 people had bed rails in place without the risks being assessed. Another person did not have a clear care plan related to their catheter which was not always working effectively.
- When people had been identified at risk of malnutrition or dehydration, they were placed on monitoring charts. These monitoring charts were not always effective. Staff were not using these charts effectively to ensure appropriate hydration. We looked at 5 people's fluid records. 3 were not being tallied and this meant staff were not using the records to help them plan the care and support people received. 2 people's records showed they often only had drinks during a specific period in the day. This had not been picked up by staff reviewing these records. Whilst we did not find evidence that people were not being supported to drink enough, this failure to monitor records appropriately put people at avoidable risk of harm.
- People's care plans had personal evacuation plans (PEEPs) in place. PEEPs contained important information such as people's mobility, their equipment needs and if they required assistance in an emergency. This information was in a folder for emergency service personnel if needed. This folder was up to date, however, the file we were initially shown when we asked for the information that would be given to

emergency service personnel was a fire warden folder that contained out of date information. This failure to ensure information was consistently up to date and accurate put people and emergency service personnel at risk of harm.

Monitoring processes in place had not protected people from receiving unsafe care and treatment and prevent possible avoidable harm or risk of harm. We found no evidence that people had been harmed however this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and deputy manager were responsive to issues raised during our inspection. They told us all doors that used door holders would be linked to the main fire system in the weeks following our last inspection visit and additional safety checks were added to the oversight systems. They addressed the shortfalls in risk assessments immediately and added to their audit tool to ensure they would pick up any similar omissions. Action was taken to ensure that the monitoring of fluid intake was more effective and additional drinks were offered to people who were awake in the hours after 'supper' had been served. After the inspection the registered manager told us that staff had received additional training about hydration and nutrition and additional checks had been added to the monitoring processes. We have not been able to check that these changes have been embedded at this inspection.
- The building was secure on our second visit.
- Staff were able to describe what they did to reduce the risks people faced related to their health, mobility, and how they kept their skin healthy. They were able to describe how they helped people to calm down if they were upset or agitated.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff deployed in the home to meet people's needs although we did note short periods of time where no staff were present in a communal area where people who were sitting. We were told by a nurse and the registered manager that there was always a member of staff in this communal area and this reduced the risks associated with one of the people who was sitting there.
- Improvements were needed to ensure new staff were recruited safely. We reviewed three staff's recruitment documentation and found gaps in employment history of two of these staff members. Two of these staff files included references that were not clearly related to their previous employment or we could not determine what position these referees held at the staff members previous employment. We spoke with the member of staff who oversaw recruitment documentation during our second visit to the home. They explained they were making changes to the way staff were recruited from overseas to ensure there was time

to adequately check for gaps in employment history and ensure appropriate references were provided.

Using medicines safely

- Medicines were safely managed.
- Nurses administered medicines who had received training and had their competency assessed. They wore a red tabard reminding people not to disturb them, to minimize the risk of making a medicine error.
- Medicine Administration Records (MAR) were signed to confirm whether or not prescribed medicines had been given. Handwritten MAR charts were signed and checked by two staff members to ensure the entries were accurate.
- Medicines were stored safely. People's medicines were stored in medicine cabinets in their rooms. Staff monitored the temperatures of these cabinets to ensure they stayed within the medicines recognised temperature range.
- Staff monitored the medicine fridge temperature to ensure medicines stored in it were stored at recommended temperatures.
- There were suitable arrangements for ordering, receiving and disposal of medicines, including medicines requiring extra security.
- Staff had clear directions on body map charts about where and what topical cream to apply to people
- Regular medicines audits were completed to identify any shortfalls.
- Where people were prescribed 'as required' medicines, there were individual protocols in place to guide staff in their use.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. People told us they felt safe and well looked after. A person told us, "They are thoughtful, and I feel very safe here."
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns and were confident that action would be taken if they reported any concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The home was open to visitors in line with current government guidance.
- Relatives were welcomed in the home during our visits. One relative told us, "All the family were welcomed with open arms by staff and offered cups of tea and coffee."

Learning lessons when things go wrong

- The registered manager and deputy manager responded immediately to areas we discussed at the

inspection.

- We noted that some of the areas for improvement identified at an inspection of the provider's other home had been considered for this home and actions taken. Learning related to short term care plans and recruitment risks had not been addressed.
- Accidents and incidents were managed appropriately. Appropriate actions were taken, and advice was sought from other professionals when needed. The registered manager reviewed all of the accident and incident reports to ensure staff had taken appropriate action.



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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- The provider had been required to carry out works to ensure fire safety within the home in 2021. Support and advice had been provided to the home at this time by the fire service to ensure safety measures were understood. This means the failure to ensure doors would operate safely if the fire alarm sounded and to ensure the information in the fire warden folder was up to date occurred after fire risks had been a prominent issue within the home.
- Whilst learning had been transferred from the provider's other home following an inspection, concerns about safe recruitment, the need for short term care plans and the need to monitor fluid records appropriately had not led to a review of the practice at Casterbridge Manor.
- The management team carried out a monthly program of audits and carried out daily walk rounds. However, these had not identified the areas of concern we identified at this inspection.

The provider had failed to ensure robust quality assurance systems were established and operated effectively to continually assess, monitor and improve the quality and safety provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure within the home and staff all commented that they felt able to discuss any queries with the registered manager or deputy manager. They told us they were very well supported and afforded opportunities to learn.
- The senior team had worked to ensure staffing levels were maintained despite the challenges facing the care sector. They ensured overseas staff were well supported at work and whilst they settled into their new communities.
- The provider held a monthly meeting with the managers from their homes. The agenda for these meetings included health and safety, maintenance, auditing and reporting and a walk around the home.

- The registered manager and senior team were very responsive and acted immediately to ensure improvement in response to feedback.
- There were oversight systems in place to monitor the improve the quality and safety of the care people received. Changes were made to these systems when necessary to improve their efficiency.
- Following our inspection, the registered manager told us that external auditors had been appointed and the nominated individual had undertaken training in relation to support their governance functions.

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

- People, relatives and professionals described a caring staff team, and this was reflected in the way staff spoke about people.
- The management team were planning to implement an audit of people's mealtime experiences. We observed people did not have a positive mealtime experience in one communal area, with staff walking through, loud television, not enough tables for everyone and no option to move to a dining table or other room to eat. The registered manager assured us they would start their audit in this area and an additional side table was located. After our inspection the registered manager told us they had undertaken initial audits related to mealtime experience and staff had undertaken additional dementia awareness training. As a result, changes had been made people being offered a choice of where to eat their meals and how the staff offered support.

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 reviewed all accidents and incidents and ensured people and their relatives were kept informed.
- The registered manager had submitted statutory notifications to CQC as required.
- The registered manager and deputy manager understood their responsibilities regarding duty of candour and took an open and transparent during the inspection process. They acted promptly on the feedback provided and supplied all information requested.

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

- The registered manager had sent surveys to people, staff and healthcare professionals to ask their views about the service. People's feedback reflected what we were told about staff. One person had referred to the staff as "wonderful" another person commented on how moving to the home had turned around how they thought about their life.
- Resident meetings had been held to seek people's views on an individual basis. We heard about actions taken following these meetings to improve people's experience.
- People were able to feedback their views at other times and we saw that action was taken to ensure they were heard and actions when possible.
- Staff attended regular meetings and a handover meeting at the beginning of their shift to share information about people. They told us this meant they were kept up to date with any changes in people's needs.

Working in partnership with others

- Professionals were positive about the care and support provided.
- The registered manager told us they maintained links with health professionals to ensure they kept up to date with good practice.
- Local health professionals were invited to join a dementia training event at the service.

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 provider did not have systems in place to protect people from receiving unsafe care and treatment and prevent possible avoidable harm or risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure robust quality assurance systems were established and operated effectively to continually assess, monitor and improve the quality and safety provided.