

Restful Homes (Midlands) Ltd.

Castlehill Specialist Care Centre

Inspection report

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Date of inspection visit:

19 January 2021

25 January 2021

11 February 2021

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30 April 2021

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

Castlehill Specialist Care Centre is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 84 people.

This purpose built care home accommodates 84 people across three floors of the home. Each floor has separate wings with adapted facilities. There is access to all floors via a lift.

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

People were supported by staff who understood actions to take to keep people safe. Staff had received training around safeguarding and understood how to recognise and escalate safeguarding concerns. Staff were safely recruited and systems had been developed to determine safe staffing levels.

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.

People were supported by staff who had the right skills and knowledge to support their needs. Staff were responsive to changes in people's needs and liaised with healthcare professionals to support people's health and well-being.

People were supported to receive meals of their choosing and to access the healthcare they needed.

People were supported with care that was kind and caring. Staff knew the people living at the home and what was important to them. People were treated with dignity and respect and were encouraged to retain their independence.

People received care that was responsive to their needs. People had access to meaningful activities based on their interests. There were systems in place that enabled concerns or complaints to be raised and responded to.

People received a service that was well-led. There were a number of monitoring systems in place that measured the quality and safety of the service.

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

Rating at last inspection This service was registered with us on 30 March 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about safe care practices and safeguarding concerns. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was Well-led.

Details are in our well-led findings below.

Good ●

Castlehill Specialist Care Centre

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.

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

The inspection site visit was carried out on 19 January 2021 by two inspectors and a nurse. The nurse had specialist knowledge of the needs of the people living at the home.

An assistant inspector carried out phone calls to relatives on the 25 and 27 January 2021.

Inspection activity started on 19 January 2021 and finished on 11 February 2021 due to continued analysis of evidence sent to us.

Service and service type

Castlehill Specialist Care Home 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 did not currently have a manager registered with the Care Quality Commission. The manager has stated their intentions to apply to be the registered manager at the service. The service did have a provider who was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We informed the service of the inspection shortly before entering the building because of the risks associated with Covid-19. This meant that we could discuss how to ensure everyone remained safe during the inspection

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed what our intelligence about the service was telling us. We had been involved in discussions with the local authority. All of this information was used to help us to plan our inspection.

During the inspection

We spoke with three people who lived at the home to seek their views. We spoke with thirteen staff including the nominated individual, manager, quality manager, nursing staff, care staff and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two care plans and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We carried out observations of how care was provided to people.

After the inspection

We spoke with five relatives to seek their views of the service. We continued to review care plans, quality assurance records and policies. We continued to seek clarification from the manager and nominated individual to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to recognise safeguarding concerns and how to escalate concerns should these occur.
- Peoples relatives told us they felt their relative was safe at the home.
- The provider had implemented systems to assess and monitor safeguarding within the home. This included consideration of staff training, staff knowledge and reviews of any referrals that had been made.
- We observed staff interactions with people. People appeared relaxed and comfortable with the staff team supporting them.
- Prior to the inspection we had been made aware of safeguarding incidents that had not been reported. This was due to a staff error who had not complied with the systems in place. The provider had investigated these concerns and had made the necessary safeguarding referrals as soon as they became aware. Safeguarding referrals have been made appropriately following this incident.

Assessing risk, safety monitoring and management

- People had the risks associated with their care identified and measures put in place to reduce these risks. These risks were kept under review.
- Some people living at the home had instances of behaviour that challenged. Staff were able to tell us about actions they took to de-escalate and distract the behaviour before restraint was used. All staff told us restraint was used as a last resort.
- The use of restraint was monitored and analysed by an external professional to ensure it was carried out lawfully and as a last resort and to minimise the chances of it being used again. Staff were clear about the recordings that had to be made following the use of restraint.

Staffing and recruitment

- Staff informed us of the recruitment checks that had taken place prior to them working with people. This included seeking references from previous employers and obtaining a Disclosure and Barring check. Records we viewed confirmed that staff were recruited safely.
- Staff told us that the staffing levels were sufficient for the people living at the home.
- There had been a period of staff turnaround and at the time of the inspection a number of agency staff were working at the service. The provider informed us that these staff were block booked to reduce Covid-19 risks and to increase continuity for people living at the home.
- The manager informed us that staffing levels would increase should a person require a higher level of support due to a change in needs. The manager informed us of a dependency tool that was in the process of being implemented. This would enable the service to confirm safe staffing levels were in place based on the

needs of the people living at the home.

Using medicines safely

- People received safe support with their medicines. There were systems in place that monitored medication administration.
- Staff informed us that they had received training around medicine management and that checks were carried out to ensure they were safe to administer medication and competency checks were in place.
- We found that some medicines hadn't been dated when they were opened. Medicines were routinely rotated and new stock was used at the beginning of each medicine cycle. This error had been highlighted in the previous medication audit and action had been taken. This error would have been highlighted in the scheduled monitoring check of medicines which was due to take place shortly after our inspection. In response to this the provider has also implemented additional checks on these type of medicines.
- There were systems in place to monitor medicinal patch rotation. We found that this could be improved further by introducing daily checks on patch placement to ensure the patch was still present.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- There were systems in place to review incidents and accidents on an individual basis to reduce the chance of a similar incident occurring again.
- Analysis of trends in incidents and accidents across the home occurred to determine whether any further action could be taken to mitigate risks to people.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs were assessed prior to them moving into the service to ensure their needs could be met safely. The nominated individual informed us that these assessments involved a number of healthcare professionals and family to enable a full picture of the persons needs to be sought.

Staff support: induction, training, skills and experience

- One relative told us they thought that staff had the skills to support their relative who lived at the home.
- Staff informed us they had received an induction when they first started working at the service. There was a wide range of training available to staff that included both core elements and training specific to people's needs.
- The provider informed us that specific training was provided to staff around behaviours that challenge to enable staff to understand how to support people safely.
- Nursing staff told us they received clinical supervision and were supported with revalidation as and when needed.
- Records showed that care staff had received supervision to enable discussions to be held about performance and staff to have supportive conversations.

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

- People told us they enjoyed the meals at the home. One person told us, "The food is very nice."
- The service had a chef on site who had spoken with people to find out their likes and dislikes of food and drink. The chef had awareness of who had specialist dietary requirements so they could prepare their food safely.
- We saw that people were offered choices with their meals and the mealtime experience was calm and encouraged interaction between people. People's independence was promoted.
- We observed that drinks and snacks were provided outside of regular meal times at the request of people living at the home

Staff working with other agencies to provide consistent, effective, timely care

- The manager told us and we saw how they had worked with other healthcare professionals to enable people to receive care that was based on their needs.

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

- The service has been purpose built and therefore considerations had been made to the design of the

layout of the building. Considerations had been given to the décor of the home with artwork on the walls of historic relevance to the area. Memory boxes were in situ outside peoples bedrooms which aided people in knowing which room was theirs and provided a talking point in reminiscence.

- There were areas of the building that enabled people living with dementia to walk with purpose and there was access to outside areas from each of the floors within the service. There were places for people to rest in the corridors.
- Whilst we noted that there was limited signage to enable people living with dementia to orientate, the provider informed us that this was available should it benefit individual people. They also informed us of research they had carried out into what a good dementia environment should look like.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare in line with their needs. We found that the service had been responsive to fluctuations in peoples mental and physical health. Where people's needs had changed we saw that healthcare professionals had been consulted. This included tissue viability teams, general practitioners and occupational therapy teams.
- One relative we spoke with was happy with the support their family member received and told us, "They have been very reactive in acting on concerns related to a medical condition."
- During the pandemic different communication methods had been introduced to enable discussions between the service and healthcare professionals to take place. This included virtual meetings and video calls with the GP every week. The provider had also formed links with a psychiatrist who was available to carry out regular reviews of people's mental health needs.
- People had care plans in place around their healthcare needs. We saw that oral healthcare had been considered within these care plans. This enabled people to receive consistent support with their care.

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.

- One person told us they felt involved in choices about their care and said, "Oh yes they ask me what I want."
- Staff were able to tell us how they ensured people were offered choices in their care. We saw staff offering choices and seeking people's consent for care. Staff had received training around the MCA and DoLS.
- We saw there were assessments of people's capacity to make specific decisions within their care plans. Where it had been deemed that people lacked the capacity to make a specific decision consultation with relevant parties had occurred to determine if this was in the persons best interests.
- The service had made DoLS applications appropriately and had monitoring systems in place to enable them to keep track of when approved DoLS were due to be renewed.
- The service had considered the use of technology to work in the least restrictive manner. For example, acoustic monitoring was used throughout the night for those people who were at risk of falls to monitor

their movements. This stopped people being disturbed through the night by staff physically checking on them.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and relatives told us that the staff at the home were kind and caring. One person told us that, "The staff are all very good and very kind." Another person told us, "Staff are all very nice."
- We observed kind and friendly interactions between staff and people. There were a number of staff who had worked at the service for a while and had got to know people well.
- People's care plans had good detail about their individual preferences for care and important information about their family history, previous work life and religious and equality needs. This enabled staff to have information available that supported person centred care.
- One staff member we spoke with understood the importance of religion for one person and told us the steps they took to ensure this need was met.
- Staff enjoyed their roles in supporting people at the home. They spoke with compassion when describing a person and how they liked to be supported. One staff member told us, "I'm here for residents they are my main concern." Another staff member told us, "I enjoy looking after the residents. It's a rewarding job." Another staff member told us, "Getting to know the residents is good."

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

- We saw people being involved in daily decisions about their care. One person told us, "All my needs are catered for."
- The service had thought of alternative ways to keep relatives involved in people's care due to visiting restrictions in place due to Covid-19. Relatives we spoke with said they were able to call frequently to be kept up to date about their loved ones care and felt involved.

Respecting and promoting people's privacy, dignity and independence

- Our observations showed that staff respected people's privacy and dignity. For example, we saw staff knocking on people's doors before entering their room. Staff were able to tell us how they promoted people's dignity when providing personal care such as ensuring doors and curtains were closed.
- People's care plans detailed the importance of ensuring people received support that respected people's privacy and dignity.
- People were encouraged to maintain their independence. We saw staff encouraging people to mobilise. Staff told us they encouraged independence by offering choices to people around food, drinks and clothes for the day. Another staff member told us they encouraged people to carry out parts of personal care themselves and told us, "We give them the option to do it themselves."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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's care plans showed consideration had been given as to what would make the person's care personal to them which put the person at the heart of the care.
- Care records were reviewed by staff to ensure accurate records of people's care was maintained. Whilst in the most part records had been maintained we found instances where reviews had not always been effective in identifying when people's records were not up to date. This had no impact on people as there was evidence that the changes in people's care needs were being provided.
- People's care records showed that family members had been consulted about changes in people's care needs.

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.

- We were informed of different aids that were available to support people with their specific communication needs. People had specific care plans around their communication needs.

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 a dedicated team who supported people with activities. We saw there was an activities room on each floor of the home that people could participate in activities of their choosing.
- We saw that people had been consulted on what activities they would like to do. This had included a 'make a wish' campaign. People had asked for specific things such as having pet chickens at the home or holding a rabbit. This had supported people to feel involved and part of their care and put people at the centre of planning their quality of life.
- The home also had a cinema room and we saw people enjoying the film and singing along to the music.
- During the pandemic there had been periods of restrictions on visiting at the home. The service had adapted its methods of communication to enable people and their relatives to maintain relationships. This included phone calls, video calls and emails. Specific care plans had been developed around people's risk factors associated with visiting. The service had thought of ways to support visiting in between and had encouraged window visits, or meetings in the 'café' area of the home near the entrance.
- Some people were receiving care in their bed. There had been consideration of how social isolation could potentially impact on this person and care plans recorded the steps the staff were to take to reduce this.

Improving care quality in response to complaints or concerns

- Relatives told us they felt able to raise any concerns they may have and that they would be responded to.
- Where the service had received complaints, we saw there were processes in place to investigate and respond to these appropriately.

End of life care and support

- People had their end of life wishes documented in their care records. This supported people to describe how they wished their care to be provided at this time.
- The manager informed us of an example of how support and comfort had been provided to one person by staff when family could not be at the home. This example demonstrated the dedication and care staff had for people living at the home.
- Staff had received training in end of life care to support their understanding of this part of people's lives.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- There were a wide range of tools available that supported monitoring of key aspects of the service. These monitoring systems were scheduled to be completed periodically over the year to maintain oversight of the service.
- Many of the monitoring systems had been effective in highlighting where improvements were needed. Where these were identified, an action plan was put in place which was followed up.
- There were instances where all records associated with people's care had not always been maintained. There had been no impact on people's care as the changes to people's care needs were being provided. These would have been identified in the providers next scheduled audit that was due to take place.
- Prior to our inspection there had been a period of change within the management of the service. Some of the relatives we spoke with were not sure who the current manager at the service was. The current manager had started working at the service a month before our inspection.
- The current manager informed us of their intentions to apply to become the registered manager.
- There was a structure in place that enabled support to be available for the manager including a deputy manager, quality manager and nominated individual.
- The provider understood their responsibility to notify us of specific events that had occurred at the home and had done so appropriately.

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

- The service worked with people, relatives and health professionals to ensure the service people received was person centred. People had care records that reflected their individual choices.

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 provider was open and transparent throughout the inspection process. They have been open about concerns that had previously been raised and detailed the action taken to reduce the chance of these concerns occurring again.

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

- Staff told us they felt able to approach the management team. One member of staff told us, "I would feel

very confident to raise any concerns with management team." This staff member told us they were able to raise suggestions for improvement and that this had been well responded to.

- Records showed us that professionals and relatives had been asked for feedback about the service. These showed positive feedback about the service.
- Some of the relatives we spoke with told us that they called the service regularly to keep in touch with their loved one. Some relatives were unsure if they had been asked for feedback about the service.

Working in partnership with others

- The service worked alongside healthcare professionals to ensure people received the care they needed.