

SSL Healthcare Ltd

# Castle Dene Care Home

## Inspection report

Wilton Village  
Wilton Lane  
Redcar  
Cleveland  
TS10 4QY

Tel: 01642454556

Date of inspection visit:  
18 March 2016

Date of publication:  
04 May 2016

### 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Castle Dene Care Home on 18 March 2016. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

Castle Dene Care Home provides care and accommodation for up to 27 older people and / or older people living with a dementia. The home is purpose built and set in large grounds. It is situated in a secluded village.

This is a first inspection of a newly registered service. Castle Dene is an established service which had been registered previously under a different registered provider.

The home had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

There were systems and processes in place to protect people from the risk of harm. Staff told us about different types of abuse and action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were completed to ensure health and safety. However, we did note that the electrical installation had not been tested since November 2015 (this is due every five years). The registered manager was aware of this and we were informed after the inspection that this test would take place on 18 April 2016.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as nutrition, behaviour that challenged, falls and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis and an annual appraisal.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there were enough staff on duty to meet people's needs.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that where appropriate an assessment of a person's capacity had been completed, however this was not specific to decisions such as health, welfare and finance.

We found that safe recruitment and selection procedures were in place and appropriate checks had been completed before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful and interacted well with people. Observation of the staff showed that they knew the people very well, encouraged independence and could anticipate their needs. People told us they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed and nutritionally screened. People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

We saw people's care plans were person centred and written in a way to describe their care and support needs. These were regularly evaluated, reviewed and updated.

We received mixed comments about the activities and stimulation provided by staff at the service, whilst some people were happy others thought activities were limited and more could be going on. There was limited activities and stimulation for people living with a dementia. The registered manager told us they would take action to address this.

The registered provider had a system in place for responding to people's concerns and complaints. People were asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

The registered provider had introduced new systems to monitor and improve the quality of the service provided. The registered manager had commenced the majority of audits and was aware of those which still needed to be completed.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

Accidents were monitored to identify trends or patterns, however the registered manager didn't keep a record of the analysis.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

The service did not have a high turnover of staff. Appropriate systems were in place for the recruitment of staff.

Appropriate measures were in place to make sure people received their medicines safely. Competency checks were undertaken on staff to make sure they followed safe practice.

### Is the service effective?

Good ●

The service was effective

Staff had an understanding of the Mental Capacity Act (MCA) 2005; however MCA assessments were not decision specific.

Staff were trained to care and support people who used the service both safely and to a good standard. Staff received supervisions and an annual appraisal.

People had access to healthcare professionals and services.

Staff encouraged and supported people at meal times.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care, support and rehabilitation was individualised to meet people's needs.

### Is the service responsive?

The service was not always responsive.

There were activities for people who used the service; however these were limited, particularly for those people living with a dementia.

People's needs were assessed and care plans were in place. Care plans contained information to ensure that care and support was provided in a way which was acceptable to the person.

People told us staff were approachable and they felt comfortable in speaking to staff if they felt the need to complain.

**Requires Improvement** 

### Is the service well-led?

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were asked for their views and their suggestions were acted upon.

Senior management visited the service on a regular basis. New auditing systems had been introduced to ensure the service was run in the best interest of people who used the service

**Good** 

# Castle Dene Care Home

## 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 checked whether the registered 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.

We inspected Castle Dene Care Home 18 March 2016. The inspection was unannounced which meant staff and the registered provider did not know that we would be visiting. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We did not ask the registered provider to complete a provider information return (PIR). This is a form that asks the registered to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 23 people who used the service. We spent time in the communal areas and observed how staff interacted with people. We spoke with seven people who used the service and one relative. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with four staff, this included the registered manager, the care co-ordinator, a senior care assistant and a care assistant.

We reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at eight staff files, including staff recruitment, supervision, appraisal and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "There is always someone [staff and people who used the service] across the corridor if you need help." Another person said, "I feel very safe in bed at night. The doors are locked and they [staff] are there if you need them."

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. Staff said they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. Risk assessments had been personalised to each individual and covered areas such as nutrition, behaviour that challenged, falls and moving and handling.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that staff kept an individual record of each person who used the service and any falls they have had. A monthly diary was placed in each person's care records. Staff then recorded if the person had fallen and the time. This meant that staff were able to see at a glance when people had fallen. The registered manager said that they analysed the falls to identify any patterns or trends, however didn't keep a written record of this. They told us that with immediate effect they would keep a record of the analysis and any actions they had taken.

The registered manager told us the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists, emergency lighting and fire extinguishers. However, we did note that the electrical installation had not been tested since November 2010. This test checks the hard wiring in the service is safe and the related certificates are valid for five years. We pointed this out to the registered manager who was aware of this. After the inspection we were contacted by the general manager who informed us this testing would take place on 18 April 2016.

An emergency evacuation plan was in place for each person who used the service. This provided information about how to ensure an individual's safe evacuation from the premises in the event of an

emergency. Records showed that regular checks were made on the fire alarm to make sure it was in working order and that staff had taken part in fire drills.

During the inspection there was a power cut. This meant that people who used the service were unable to use their call system to summon staff for help. As soon as this happened a senior care assistant asked the care co-ordinator for a list of all people who used the service so that they could instigate and record 15 minute checks on everyone. These checks were to make sure people were safe and that if they needed anything this could be accommodated. We saw that these checks were completed until the electricity supply was switched back on later that afternoon. This meant that staff at the service kept people safe by checking on people and making sure their needs were met.

The service did not have a high turnover of staff. Most of the staff have worked at the service for many years. We looked at the file of one staff member who had been recruited within the last few months. We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults.

We looked at the arrangements in place to ensure safe staffing. At the time of the inspection there were 23 people who used the service. During the day there were four care staff on duty and one of which was a senior care assistant. On night duty there were two care staff on duty. The registered manager told us one of the care staff on day duty started work at 7am to help night staff with people who wanted to get out of bed. We asked people if they thought there were enough staff on duty to meet their needs. One person said, "Yes, they [staff] come as soon as you call them." Another person said, "There is always one of them about if you need help." The registered manager told us that staffing levels were flexible, and could be altered according to need.

The registered manager of the service worked four days a week and was supernumerary. There were other staff employed to cook, clean and take care of the laundry.

We saw that appropriate arrangements were in place for the management, storage, recording and administration of medicines.

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the details of the medicines they were prescribed. We checked people's Medication Administration Records (MARs). We found these were fully completed, contained the required entries and were signed.

We checked records of medicines against the stocks held and found these balanced. Staff we spoke with were able to describe the arrangements in place for the ordering and disposal of medicines. Staff told us that medicines were delivered to the home by the pharmacy each month and were checked in by senior care staff to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner. Staff told us they checked these against the medicines received from the pharmacist. They said the medicine administration records were checked each month to ensure they corresponded with the information from the previous month's records and with the medicines prescribed. These systems



helped to ensure people received their medicines safely.

People were prescribed medicines on an 'as required' basis and we found 'as required' guidelines had been written for these medicines.

The registered manager told us staff responsible for the administration of medicines had their competency to handle medicines checked regularly. We saw that the registered manager signed when they had completed a competency assessment on staff, however this did not detail the checks they had made on the staff. The registered manager told us the new registered provider had a competency check which they would introduce for future competency checks on staff.

The service had a business contingency plan for the service. A contingency plan is a course of action designed to help an organisation to respond effectively to a significant event or situation.

# Is the service effective?

## Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I like it as I get all the help I need. I live a good life." A relative we spoke with said, "The staff here have been brilliant. When [person] first came in [person] couldn't walk but now [person] can."

Staff told us that there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health, first aid and safety amongst others. One staff member said, "I think the training is good. I have just done my medicine training and moving and handling." They told us the training provided them with the skills and knowledge they needed to do their job well."

The registered manager told us that any new staff would now complete the Care Certificate induction. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "We all get lots of support. I have had supervisions and an appraisal."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that staff had attended training within the last 12 months on the MCA. Staff we spoke with understood their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care.

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 were being met. The registered manager showed us documentation which confirmed 16 people who used the service were subject to Deprivation of Liberty Safeguards (DoLS) with no conditions attached to the authorisations.

During the inspection we looked at the care records of people who used the service. We saw that where appropriate an assessment had been carried out to determine if the person had capacity. We saw evidence

that when making best interest decisions staff had given consideration to the persons past and current wishes and that family had been involved. Care plans did record if people were able to make their own decisions and how to help people. For example, the care plan of one person detailed they were able to make a choice of what they wanted to wear if staff put two items of clothing in front of them. Although general MCA assessments were evident in care records looked at they were not decision specific, for example there was nothing specific for finance, health and welfare, the flu vaccination and medicines amongst others. We had a lengthy discussion with the registered manager who told us that they would commence these assessments with immediate effect.

We looked at the home's menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. Staff were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. One person said, "We have a lovely cook who cooks some lovely things. We [people] had chops yesterday and they were lovely." Another person said, "The food is good and we get too many cups of tea." Another person said, "I get a good breakfast of porridge and bacon and egg. I have a mug of tea." A relative we spoke with said, "The tea trolley is always around they [people] get plenty of drinks."

The registered manager told us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and community nursing team. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. One person said, "I have a good doctor but I haven't needed to see them very often. I have my flu vaccination every year." Another person said, "I see the doctor if needed but I have never wanted the flu jab."

# Is the service caring?

## Our findings

People and a relative told us they were very happy and that the staff were caring. One person said, "The staff are great and try their best even though they have a difficult job." Another person said, "I must like it here because I've been here for 10 years. The staff are lovely." A relative we spoke with said, "The staff are really good, enthusiastic and always helpful."

During the inspection we spent time observing staff and people who used the service. Throughout the day we saw staff interacting with people in a very caring and friendly way. We heard staff speaking to people about everyday life. Staff took an interest in what people had to say and listened. One staff member spoke to a person about the lunch time meal and their visitor they were going to see that day. The person who used the service enjoyed the conversation and smiled at the staff member. We heard another staff member compliment a person on the way they were dressed. The person who used the service smiled as they were complimented. This showed that staff were caring.

We saw that staff were polite, friendly and caring in their approach to people. Some people who used the service needed help to drink. On one occasion a staff member gently stoked the arm of the person who used the person to wake them up. They gave the person time to come round and then put the cup in their hand with their hand over the top to promote independence but to also ensure safety. They encouraged the person to move the cup to their mouth and drink. They were unhurried in their approach and ensured that the person was given time to finish their drink.

Before care was completed staff talked with people and explained what they needed to do, for example, when moving people from one place to another in their wheelchair or when using the hoist. We observed staff transferring one person from the chair into their wheelchair whilst using the hoist. Staff gave step by step instructions to the person of what they were doing and what to expect whilst at the same time providing reassurance. This helped to reduce the anxiety of the person.

We saw that staff were respectful and called people by their preferred names. Staff were patient when speaking with people and took time to make sure that people understood what was being said. Staff communicated effectively with people who were unable to speak. We saw that staff used non-verbal communication and gestures to ensure the needs of a person were met. They showed us and told us about the non-verbal signs for going to the toilet, wanting a drink, food amongst others. At lunch time we saw that staff communicated extremely well with this person in ensuring they received the food that they wanted.

Staff treated people with dignity and respect. Staff were attentive to people who used the service. Staff told us how they respected people's privacy. They told us how they always knocked on people's doors before entering and made sure they were covered with towels when they were providing personal care. They told us how they respected people as individuals and decisions that they made. A relative we spoke with said, "They [staff] always have [person] nicely dressed and they always put her beads on." This meant that the staff team was committed to delivering a service that had compassion and respect for people.

There were occasions during the day where staff and people who used the service engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff were discreet when speaking to people about their personal care. This demonstrated that people were treated with dignity and respect

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. One person who used the service told us, "I like my own company I like to stay in my room. I have always been a private person." This helped to ensure that people received care and support in the way that they wanted to.

Staff said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. Staff were patient when supporting people to be independent with their mobility.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of who to contact should an advocate be needed.

## Is the service responsive?

### Our findings

The registered manager told us a staff member who was working the morning shift would stay over each day from 1:30pm until 2:30pm to provide activities to people who used the service. At other times in the day staff would plan and take part in activities for people. We received mixed comments from people about the activities and stimulation provided. One person said, "I will join in anything that's going on. I have the odd game of dominoes and I get a morning paper. I like doing the crossword." Another person said, "I like my television. I like to watch Emmerdale and Coronation Street." Another person said, "I get bored really, there's the telly and we sing but not much else." A relative we spoke with said, "I think they could probably do a little bit more. They do have a big set of skittles and play bingo."

On the day of the inspection people sang along to music. People were seen to enjoy this music and people did join in and sing and tap their feet, however there was little else in the way of stimulation and in particular for those people living with a dementia. We spoke with the registered manager about meaningful activities for those people living with a dementia and the need for more activities and stimulation. The registered manager told us they would speak to people and relatives about activities.

During our visit we reviewed the care records of two people. The registered provider had introduced new care plan documentation and at the time of the inspection staff were in the process of completing the new plans for people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing their care plans. The care plan for one person described in detail their limited mobility and how staff were to support them when transferring. We watched staff support this person during the inspection when they moved from their chair to a wheelchair. We saw how the support provided by staff and what the person could do independently mirrored what was written in the plan of care. Care records were individual to the person which helped to ensure people received the help and support they needed.

We saw that care plans had been reviewed, updated and evaluated on a regular basis.

People who used the service and a relative we spoke with told us they knew how and who to raise a concern or complaint with. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative we spoke with told us that they could talk to the registered manager at any time. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously.

## Is the service well-led?

### Our findings

People who used the service and a relative spoke highly of the registered manager. They told us that they thought the home was well led. One person said, "[Registered manager] is good and easy to talk to. Yes the management is fine." A relative we spoke with said, "The manager is always around and about. Since the first day I met her she has always said if there's anything wrong the door is always open."

Staff told us they felt valued and supported by the registered manager. One staff member said, "The manager is good and we all work as a team."

The registered manager told us that they had an open door policy in which people who used the service, relatives and staff could approach them at any time. This was confirmed by the people we spoke with.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered provider had introduced a range of new audits which looked at quality in areas such as infection control, housekeeping, medicines, care records, the environment and health and safety. The registered manager had commenced the majority of audits and was aware of those which still needed to be completed.

Records were available to show that the general manager visited the service on a regular basis to talk to staff and people who used the service and check on the quality of service provided. This helped to ensure the service was run in the best interest of people who used the service.

We saw records to confirm that staff meetings had taken place. Staff told us that the meetings provided staff with an opportunity to share their views. Records showed that discussion had taken place about training, the new provider, general tidiness and record keeping.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service and their relatives. They told us the registered provider used a satisfaction survey to gather feedback. They told us they were to send surveys to people who used the service within the next few months to seek their views on the new registered provider including the care and service received.

The registered manager told us she had spoken with people who used the service and relatives individually when the new registered provider had taken over in December 2015; however a record of this had not been kept. They told us they were to plan a meeting with people and relatives in the coming weeks and aim to carry out meetings quarterly. People and the relatives told us the registered manager and other senior staff were a visible presence and they were regularly asked for their views.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.