

Cedars Castle Hill

# Castle Hill House

## Inspection report

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### 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

This inspection took place on 9 and 11 May 2018 and was unannounced. The inspection was undertaken by one inspector and an expert by experience.

Castle Hill House is a 'care home'. People in care homes receive accommodation and 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.

Castle Hill House accommodates up to 30 older people. At the time of our inspection there were 15 people living at the home.

There was 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.

At the last inspection, the service was rated Good overall. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

The premises continued to be appropriately maintained to support people to stay safe. Staff understood how to prevent and manage behaviours that the service may find challenging.

Staffing levels ensured that people's care and support needs were continued to be met safely and safe recruitment processes continued to be in place.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so. Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity.

The service was maintained and decorated. Staff supported people to access some parts of the home that people could not access independently.

People's needs and choices continued to be assessed and their care provided in line with up to date guidance and best practice. They received care from staff that had received training and support to carry out their roles.

Risks continued to be assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Medicines continued to be managed safely. The processes in place ensured that the administration and handling of medicines were suitable for the people who used the service.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided.

Staff had a good understanding of people's needs and preferences.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

Further information is in the detailed findings below.

## 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 ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Castle Hill House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 11 May 2018 and was unannounced. The inspection was undertaken by one inspector and one expert by experience. The expert by experience spoke with people who used the service and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven staff, the home manager and the registered manager. We spoke with five people and four relatives/friends of people about their views on the quality of the care and support being provided. Some people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We also spoke to one healthcare professional and one social care professional about their views on the quality of the care and support being provided.

We looked at care documentation relating to four people, records of social activities and support from staff, eight people's medicines administration records, four staff personnel files, staff training records and records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

People's relatives told us people continued to feel safe living at Castle Hill House. One person's relative told us, "Living at home was unsafe for me because I had many falls and it was difficult to summon help. Here I feel very safe as staff are here to help me immediately". Other people told us they felt safe living in the home as there were staff around to help them if they needed it. One person's friend told us, "[the name of the person] is safe and well looked after".

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. Staff recorded and reported any concerns they had, including any changes in a person's behaviour and shared this information with healthcare professionals. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place if required. The registered manager raised safeguarding concerns after our inspection about two people's behaviour towards others. The local authority were satisfied action had been taken to manage these risks and keep people safe.

Staff supported people to manage and reduce any risks to their safety. This included managing risks such as eating and drinking, and people at risk of falls. Risk assessments were completed with input from health and social care professionals and promoted people's independence. For example, people were supported to eat and drink following guidelines from speech and language therapists and referrals were made to the falls team for advice. Staff were aware of these plans and risk assessments had been reviewed on a regular basis to make sure they remained up to date and reflected changes to people's circumstances. One social care professional told us, "They mitigate the risks of falls really well and interventions are in place".

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the home manager and registered manager. For example, the analysis of medicine administration errors had resulted in changes to the oversight over medicine and the guidance and support to individual staff. The home manager had taken action to ensure advice was sought from people's GPs where errors had taken place and additional supervision was given to staff to minimise the risk of recurrence. The staff discussed any incidents to identify any learning for the individual involved or for the service as a whole.

There were enough staff to meet people's needs and ensure the home was clean and maintained. There were staff employed in the home to meet people's social and wellbeing needs as well as care staff. The registered manager regularly reviewed staffing levels to ensure that people's needs were met in a person centred and timely way. One person's friend told us, "Staffing levels are very good in this home and (staff are) always available when needed". One person told us, "The staff come quickly if I press the bell and need help". The majority of staff told us there were enough staff to meet people's needs. One member of staff told us planned activities were sometimes delayed on the day due to staff sickness, but staff from the provider's neighbouring service came to assist.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These

checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

People received their medicines as prescribed and records were maintained of medicines administered. Regular stock checks were undertaken, and the checks we undertook on the day of the inspection showed all medicines were accounted for. Protocols were in place instructing staff about when to give people their 'as and when required' medicines. There were systems in place to ensure safe disposal of unused medicines.

The home was very clean throughout. Domestic staff had the required equipment and cleaning schedules in place to clean the home effectively. We saw staff use disposable gloves and aprons were appropriate to help reduce the risk of cross infection. The home and registered manager had procedures and checks in place to maintain infection control.

The building was appropriately maintained. There were certificates to confirm it complied with gas, fire safety and electrical safety standards. Following a fire risk assessment of the building, additional works had been completed to safeguard people from the risk of fire. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they were safely evacuated from the service in the event of a fire. Following a routine inspection by the Environmental Health Department in October 2017, the home was advised to carry out remedial works to the kitchen following a leak. This work had taken place. Following our inspection, the Environmental Health Department carried out a re-inspection on the 16 May 2018. Their report confirmed all remedial action had been carried out and the home was awarded the highest rating for Food Hygiene.

## Is the service effective?

### Our findings

People continued to receive care from staff who had the knowledge and skills to meet their needs. People, relatives/friends and health and social care professionals spoke positively of staff. One person told us, "Care staff are very good at what they do, are well trained, I think, and my health needs are being met daily". Health and social care professionals told us they felt confident in the home manager's judgements to effectively assess people's need and staff made referrals to them as and when needed.

People's care continued to be effectively assessed to identify the support they required. There were comprehensive assessments in place, detailing the support people needed with their everyday living. The assessment covered people's physical, mental health and communication needs to enable the service to meet their diverse needs. Staff were aware of people's needs and care provided was in line with people's needs. For example, staff now supported one person to stand using a hoist following deterioration in the person's mobility. The plan had clear guidance for staff to follow with the input of health care professionals.

Staff had the knowledge and skills to undertake their role. This included understanding of safeguarding adults, emergency first aid, infection control, and supporting people to move safely. The registered manager told us they had arranged for staff to attend training on supporting people living with dementia. The home manager told us some staff had requested this training as part of their supervisions. Staff received guidance from the home manager about how to support people with dementia who could display behaviours that could challenge others. For example, staff told us they spent time talking to one person when they became distressed. We observed staff supporting this person in line with the plan of care and the person was relaxed and chatted to staff.

All staff told us they felt supported by the management team to carry out their role. Staff received regular supervision and an annual appraisal. However not all records of supervision fully recorded actions that were taken from supervisions. We raised this with the registered manager who told us they would ensure records were improved. Staff were given guidance about how to further improve their practice, such as safe administration of medicines. Comments from staff included, "I feel supported" and "We have regular supervisions". One member of staff told us, "They are good at picking up if a member of staff needs more training. The management team will respond".

There were systems in place to support new staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff shadowed experienced staff and their competency was assessed. One member of staff told us, "During induction new staff will work with a senior member of staff and shadow them and the senior member of staff will watch them when they are ready".

Staff supported people to eat and drink sufficient amounts to meet their needs. People were supported to make choices about what food they wanted to eat from the menu and alternative choices, such as jacket



potatoes were also available. People gave us positive feedback about the meals provided and choices offered. One person told us, "They know what I like". There were photos of the two main lunch choices and people were shown a picture to support them to make a choice. People's nutritional needs and specific dietary needs were reviewed and regular checks maintained on their weight. Advice was sought and followed from people's GPs. For example, staff followed advice from one person's GP and encouraged them to eat, supported them to take dietary supplements and monitored their weight regularly. One person told us, "I am a diabetic. I have to be careful. They know about it".

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. One healthcare professional told us the staff team notified them about any changes to a resident's health and followed their advice. Staff also supported people to attend their health appointments.

The service continued to work within the principles of the Mental Capacity Act 2005. People's consent was obtained prior to providing care. The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. Where people did not have the capacity to consent, best interests' meetings were held with health and social care professionals involved in a person's care and their relatives. We saw an example of this regarding the decision for one person to receive care at Castle Hill House. The person's family and social worker were involved in this decision.

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 are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions had been made by the service for people where required. Where people had conditions applied to DoLS, these were being met.

Staff were clear where people had the mental capacity to make their own decisions, this would be respected. Throughout the inspection we observed consent being sought on regularly for all activities such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices. One social care professional told us the home manager really understood the MCA, DoLS and ensured people's rights were being upheld.

The service was maintained and decorated. The home was on three levels and there were two lifts in place. There was a lounge and dining room for people to use and some people chose to spend time on their own in their rooms. People were able to personalise their rooms. The home had a day room that had access to an outside garden that people enjoyed using in the good weather. People were supported by staff to access the garden and some other parts of home as the layout of the home did not allow this to be accessed independently.

## Is the service caring?

### Our findings

People continued to receive good care from staff they had developed positive relationships with. People were supported by the same staff on a regular basis. Comments from people included, "It's not like your own home, but staff are very kind and friendly" and "The attitudes of staff are very caring and friendly. It's never too much trouble to help when I need it". Staff treated people with kindness, respect and compassion. Some people at the service had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs. Staff were aware of what made people happy and we observed people smiling when interacting with staff.

Staff responded promptly to people's requests for assistance and regularly checked whether people were happy and comfortable. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company. One person told us, "[The home manager] pops in to see me. They are good and bring me the list of activities". Another person liked to spend time regularly in the garden and staff supported them to do this.

People were empowered to make choices about the care and support they received. This information was reflected in people's care plans and provided in practice. Staff knew people's individual communication skills, abilities, preferences and daily routines. One person's relative told us that staff knew that their relative always liked to wear their jewellery each day and staff always supported them to do this.

People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service. Comments from relative's and people's friends included, "I cannot praise the staff enough for their thoughtful kindness when they support [my relative]" and "The staff have treated [the person] with dignity and are respectful of their need to be independent. They [the staff team] are kind, caring and supportive".

Staff respected people's privacy and dignity. Staff knocked on people's door and waited for people to invite them into their room before entering. Staff supported people with their personal care in the privacy of their bedroom or bathroom. Staff supported people respectfully when assisting some people to eat. Staff sat alongside people and chatted to the person in a kind and sensitive manner. We saw that plans of care informed staff of the abilities of each person and were directed to prompt people to do what they could for themselves. Where possible people were encouraged to be independent.

Staff were trained in equality and diversity topics to ensure the gender, age, religious needs, sexual preference and cultural needs of people who used the service were taken into account to ensure their individual needs were met.

The service was meeting the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that took into account any impairment which affected their communication. For

example, staff used photos of meal options to support people to express their meal choices. The home manager also told us the home had just started to use picture cards to support one person to support them with their communication.

## Is the service responsive?

### Our findings

People were able to make choices and staff respected their decisions. One person we met liked to spend time their room and staff popped into say hello. They told us, "I like to stay in my room. They try to get me to go downstairs but respect that I don't want to. I like reading. I am happy". They also told us the home manager had asked if they would like to move rooms and their answer not to was respected. Two other residents told us they spent their time in their rooms and this was respected by staff. They told us they were aware of activities organised in the home on a daily basis but they chose not to attend. Another person told us, "There are activities organised daily covering a wide variety of things. I can attend if it interests me". Staff told us about people's preferences and how they respected them.

People received personalised care. Staff were well informed about people's needs. Staff got to know people and understand their needs and how they liked to be supported. For example, staff had got to know about people's families and their careers and interests. Care plans were person centred and detailed how staff should support people's individual needs, including their communication needs, health and social needs. For example, one person's care plan detailed how staff should support them to move safely as their mobility could be variable and how staff should support the person when they became distressed. Throughout our inspection we observed that staff supported people in accordance with their care plans. One member of staff told us they checked how this person was throughout the day. They told us, "We adapt to how we provide support". One social care professional told us, "Anything I ask they do and get back to me straight away to the benefit of residents".

Staff supported people to engage in a wide range of activities and interests. The home organised a weekly programme of activities that included, sing a longs, quizzes, celebrating events, such as the Royal wedding and visits from animals. Staff also spent time with people on a one to one basis and supported people to access the garden and other parts of the home, such as the day room with views of the garden. Some people were also supported to go out to a local coffee shop. The home was arranging a trip to a place of interest following feedback from people. Three people told us they also enjoyed getting their hair done from the visiting hair dresser. People's spiritual and religious beliefs were known and respected by staff and also where people did not follow a faith.

A complaints process was in place. Relatives told us they could contact the home manager or registered manager if they had any concerns. One relative told us they had raised concerns with the home manager and they had been responded to. All complaints received had been responded to and changes made where necessary. Staff said they also felt comfortable speaking to the home manager or registered manager if they had any concerns or wished to raise a complaint. Staff and relatives were confident that any concerns raised would be taken seriously and appropriately dealt with. People that we spoke with told us they had no reason to raise a concern or complaint but some people were not sure who to speak to if they did want to complain. One person told us they would speak to the home manager if they had any concerns. They said, "I can talk to them".

People's preferences and choices for their end of life care were recorded in their care plans. Where people

lacked capacity to communicate their end of life wishes, families had been involved in developing this plan.

## Is the service well-led?

### Our findings

People, relatives and health and social care professionals spoke positively of the staff and management team. Comments from people included, "[Home manager] is good" and "They look after me well". Comments from health and social care professionals included, "[Home manager] is a very able manager" and "They make us aware of any concerns at the right time". Staff spoke highly of the support they received from the home manager and registered manager. Comments about the management team included, "They do listen", "Approachable" and "The home is well run".

The provider had made improvements in how the service was monitored since our last inspection, including the audit of medicines management and provider oversight and governance. The registered manager told us the board of trustees now carried out checks of the service against CQC's standards. The provider had also purchased a new system of policies and procedures to support its governance arrangements. The home manager told us the medicines audits had reduced errors in recording. There were systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing incidents and interventions, quality of care records, support for staff and environmental health and safety checks. Action plans with timescales were in place to ensure any required improvements were made.

Staff told us they felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. One member of staff told us, "We have staff meetings; we can speak up and are listened to". Another member of staff told us that they had posted a suggestion to improve the home's Wi-Fi as they used a tablet computer to access music for residents.

People were able to provide feedback to staff about their experiences of the service. Regular resident meetings took place, where people could discuss things that were important to them or activities in the home. This included surveys and resident meetings. Feedback from the survey in 2017 included, people felt they were not routinely asked for their feedback and wanted to go out on more trips. A resident meeting had taken place in February and April 2018 and action had been taken to organise a takeaway evening of 'fish and chips' following feedback and a trip to a garden centre in June 2018. The cook also told us they had introduced a system of getting feedback from different people about the meals provided at the home.

Relatives and health and social care professionals were able to leave their views of the service in a compliment book. Feedback recorded compliments of the caring approach of staff and how a relative was kept informed. Recent feedback from a health care professional recorded, "(Names of carers) are excellent carers and have a lovely manner with residents".

Staff understood how to whistle-blow and told us they would raise concerns about people's practice with the registered manager or provider. All staff told us they did not have any concerns about people's current practice towards residents and were clear about their responsibilities.

The registered manager submitted statutory notifications as required to notify us about certain changes,

events and incidents that affect their service or the people who use it.

The registered manager and home manager told us they were planning additional face to face training for staff, including training on supporting people living with dementia, and with end of life care to drive improvements. The registered manager kept up to date by attending training, local meetings with commissioners and partners.