Mr & Mrs A B Satari

Castle Mount Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 1 and 3 November 2017 and was unannounced. At the last inspection in August 2016 we rated the service as requires improvement. We found the provider was in breach of two regulations which related to how people consented to care and governance. At this inspection they were still in breach of both regulations and an additional two regulations which related to staff training and management of risk.

Castle Mount Care Home is registered to provide care for a maximum of 15 people. The management team told us nine people were using the service when we inspected. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had a registered manager although at the last two inspections, and again at this inspection we have found the registered manager had limited on site presence at the home and was not managing the service on a day to day basis. 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.

People did not live in a safe environment because the provider had failed to ensure fire safety procedures were followed. There was a lack of wheelchair accessibility around the home and a lack of space in the dining room when people were eating meals. Some areas of the service needed decorating.

The provider did not have effective systems to assess, monitor and manage the service. They did not have processes to learn lessons and drive improvement. The management team, who were in charge on a day to day basis, were keen to work with other agencies and make changes, however, it was evident there was a lack of progress since the last inspection.

People's care plans had good information about their preferences, likes and dislikes, and how care should be delivered, however, the information was not very accessible because it was difficult to find in the care plan file. The provider was introducing new care plans in format, which would make it easier to read. Risk assessments covered key areas of risk but were not always effective. Risk around malnutrition was not always well managed. We saw the provider was introducing assessment tools to help calculate the level of risk. Staff obtained verbal consent from people but there was a lack of formal assessment where people lacked capacity which meant the provider was not acting in line with lawful consent.

People enjoyed activities and the meals. We saw people received appropriate support at lunch, however, the service did not have menus and the variety of meals was not monitored. Activities were often not recorded so we could not confirm people engaged in social activity or were supported to follow their interests.

People told us they were happy living at Castle Mount Care Home. Everyone we spoke with said staff were friendly and kind. We observed people were spoken to politely, given time to reply, and treated with dignity and respect. People we spoke with said they did not have any concerns about the service but would feel comfortable talking to staff or the management team who worked at the service on a day to day basis.

At the time of the inspection there were enough staff to keep people safe; however, staff did not receive appropriate training which meant they were not equipped with the skills and knowledge to carry out their role and responsibilities. Staff we spoke with told us they felt well supported by the management team who worked at the service on a day to day basis but they did not feel supported by the registered manager.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014: The provider did not assess and manage risk: People did not consent to care: The provider's systems and processes did not enable them to assess, monitor and improve the service or assess, monitor and mitigate risk. Staff were not suitably trained. We are dealing with the lack of day to day control by the registered manager outside of the inspection process and will report on this at a later date.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The provider did not ensure the premises were safe to use.

Risk to people who used the service was assessed and managed. However, assessment tools were not used which helps ensure the level of risk is identified.

Systems were in place to manage medicines safely.

Is the service effective?

Inadequate

The service was not effective.

Staff felt supported and had opportunity to talk with their supervisor about their role and responsibilities; however, training was variable which meant staff might not be equipped with the relevant knowledge and skills.

Staff obtaining verbal consent from people but there was a lack of formal assessment which meant the provider was not acting in line with lawful consent.

People enjoyed the meals and had a pleasant dining experience. However, the variety of meals was not planned and monitored. Systems were not in place to manage nutritional risk or ensure people lived in a safe, suitable environment.

Is the service caring?

Good

The service was caring.

People were happy and felt staff were kind and caring.

Staff knew people well. The management team were developing life story work to ensure people's history was known.

Information was available to help keep people informed about what was happening in the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were detailed and covered all aspects of care, however, a lack of organisation meant information was not easily accessible. The provider was introducing a new care plan format.

People enjoyed activities within the service and the community although records were not completed consistently so the level of engagement was unknown.

People told us they would feel comfortable raising concerns.

Is the service well-led?

Inadequate

The service was not well led.

The registered manager was not in day to day control even though they have a condition of registration that states this.

The provider's quality management systems were not effective and did not identify areas where the service had to improve.

People who used the service and relatives had opportunity to share their views.

Castle Mount Residential 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 was planned to check 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.

Before the inspection we reviewed all the information we held about the service including statutory notifications. We contacted relevant agencies such as the local authority, clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR) in September 2017. 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.

This inspection took place on 1 and 3 November 2017and was unannounced. On day one, two adult social care inspectors, a specialist advisor in governance and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two an adult social care inspector carried out the inspection.

During the visit we looked around the service and observed how people were being care for. We spoke with five people who used the service, two visiting relatives and a visiting health professional, four members of staff and two members of the management team. We were told the registered manager was unavailable because they were abroad. We spent time looking at documents and records that related to people's care and the management of the home. We reviewed two people's care plans.

Inadequate

Is the service safe?

Our findings

At a previous inspection in January 2016 we identified the premises had not been maintained to a satisfactory standard and people's safety had not been maximised in the environment. We served a warning notice and told the provider they must improve. At the last inspection in August 2016 we found the provider had made improvements sufficient to meet regulations although we reported on a number of issues that related to the premises mainly around accessibility. In the last inspection report we identified areas where the provider told us they were going to make further improvement. At this inspection we found they had not made the improvements and the premises were not safe.

At this inspection we found the provider did not assess and manage environmental risk. Fire safety systems were inadequate. On day one of the inspection the management team were unable to produce evidence that staff had received fire safety training or had practiced fire drills. We spoke with staff about their training in relation to fire safety; some told us they received training whereas others told us they had not. One member of staff told us they had not been involved in a fire safety evacuation drill or received any formal training. They said they had been advised to "make sure you're behind a fire door" and "make sure it's closed." Another member of staff told us they had training in 2016 and were able to describe the procedure on hearing the alarm sound, however, they had not been involved in a fire safety evacuation drill.

Fire alarm records did not evidence the testing of alarms was carried out appropriately. A member of the management team told us internal fire alarm testing was carried out every Monday; however when we asked staff they were unable to confirm this happened. The management team were unable to produce a gas safety certificate or evidence the electrical system had been checked and certified to confirm it was safe. We concluded the provider did not ensure the premises were safe to use. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we received confirmation that the provider arranged for engineers to check the gas and electrical systems; relevant certificates were issued. The provider also arranged for staff to practice fire evacuation procedures and receive fire safety training. We shared our findings with the local fire safety service. They visited the service and confirmed the provider had taken appropriate action in response to the inspection findings.

People told us the home was clean. One person said, "It is clean enough for us." We saw the premises looked clean; however, we noted a strong odour in one area. The management team said they continued to take steps to address the issue but were unable to control the odour. New flooring had been provided. Throughout the service there was infection prevention equipment. In each bathroom paper towel and soap dispensers were well stocked. Staff told us they had access to disposable protective clothing such as gloves and aprons.

We received information from one agency who dealt with health and safety issues. They told us they visited the service in November 2016 in response to a complaint and found the provider had satisfactorily dealt with the concern prior to their visit.

We reviewed two people's care records and saw these included risk assessments in relation to continence, falls, mobility, moving and handling, infection prevention and control, use of bed rails and the hoist. There was evidence the assessments had been reviewed monthly. Some assessments identified potential risks such as pressure sores, however, it was not clear how the level of risk was decided because the provider was not using a recognised risk assessment tool or validated score to assess the risk. A member of the management team told us an agency had identified they needed to develop and improve their risk assessment process. They showed us a report which was completed in October 2017; this highlighted that only 33.3% of records contained risk assessments for falls, 50% for pressure ulcer risk, 66.7% for moving and handling and 50% for bed rails.

During our inspection we observed a care worker contacted the general practitioner (GP) in response to a concern around the health of one person who was diagnosed diabetic and had a high blood sugar recording. We reviewed the record and saw this had happened several times in the last month and the GP had been contacted on four of those occasions. A member of staff told us the diabetic nurse was due to review the person later in the week. We reviewed the person's care plan and saw there was no guidance for support staff around how to deal with this situation and when to seek advice. One member of staff told us this would be helpful so they and other staff would feel confident managing the situation and protecting the person's safety. We concluded the provider did not assess and manage risk to people who used the service. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Castle Mount Residential Home. One person said, "Staff are alright. It is very good here." Another person in response to feeling safe said, "I really do." Another person told us they were "safe enough." Staff we spoke with said they would report any concerns to the management team who worked at the service on a day to day basis. We spoke with both members of the management team and they knew who to contact if they needed to report safeguarding concerns or seek advice. They told us staff were completing on-line safeguarding training and six were completing a more in-depth course. We reviewed training records but it was not possible to establish all staff had completed safeguarding training even though the management team told us this was mandatory. One member of staff told us they could not recall receiving safeguarding training.

People told us they were happy with the staff who supported them and didn't raise any concerns about the staffing arrangements. Visiting relatives also confirmed the staffing levels were appropriate. One person who used the service said, "OK yes, perfect." A relative told us the staffing levels were 'OK' and they had tested these by calling in at different times. They said, "I came at different times of the day and night to catch them out, found no problems."

We reviewed staffing rotas but it was very difficult to establish the actual staffing arrangements on a day to day basis. Staffing rotas only contained the first names of staff and it was unclear which manager was on duty at each shift. Senior care workers were not identified on the rota. We saw multiple rotas were available for the same week although these contained different information about which staff worked; we could not determine which were the actual working rotas. We asked to review staffing during 2017 but the management team could not locate some weeks' rotas.

At the last inspection the registered manager told us they discussed staffing levels each week with the management team and did not use a dependency tool to determine the appropriate staffing levels. At this inspection the arrangements were the same. The management team were routinely included within the care numbers for the service and therefore had limited opportunity to carry out management tasks and provide oversight of staff practices within the service. A member of the management team told us they needed time

'off the floor' in order to make the changes necessary.

Staff files we reviewed contained documentation relating to their employment, for example, proof of identity. The management team told us evidence of disclosure and Barring Service (DBS) checks was kept by the registered manager and they did not have access to these. The (DBS) is a national agency that holds information about criminal records.

We reviewed how the provider was managing medicines and found appropriate systems were in place and people received their medicines as prescribed. The service used a dosage system which was prepared by a pharmacist. This worked effectively; the supplying pharmacist carried out three unannounced inspections per year.

We carried out stock balance checks and all but one were correct. We noted one discrepancy; the number of paracetamol tablets in a box did not tally with the Medication Administration Record (MAR). The deputy manager explained this had occurred because a member of staff had dispensed two tablets before asking the person if they required these; they subsequently refused them. The tablets were destroyed but not accurately documented on the MAR.

We saw evidence of audit in relation to medicine room and fridge temperatures were logged daily. A member of the management team we spoke with understood the range of acceptable temperatures and what to do if the temperature was outside the limits. Medication was checked weekly. A senior member of staff we spoke with understood how to respond to any error and discrepancies. They told us an indigestion remedy had been dispensed even though this medicine had been discontinued. They said it was returned to the dispensing pharmacist, the GP was informed and resolved the situation.

In order to minimise errors the member of staff administering medicines wore a red tabard to denote they must not be disturbed. We observed on one occasion a member of staff approached the trolley and requested information. The staff member conducting the medicine round reminded them they were not to be disturbed. Staff we spoke with said they had received medicine training and their competency was checked before they could administer medicines. One member of staff told us, "I did the training and then had to do competency shadowing. [Name of member of management team] checked my competency three times."

The management team we spoke with told us they were working with other agencies to improve their systems and processes. They felt this was a positive experience and provided opportunity to learn when things went wrong. Although we found the management team were keen to learn there was a lack of evidence of systems and processes in place to identify learning from incidents and mitigate any future risks to people.

Inadequate

Is the service effective?

Our findings

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 so that they can 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).

At the last inspection we found people did not consent to care. At this inspection we found whilst the majority of people at the service had capacity to consent to care and treatment, in the two care plans we reviewed there was a lack of written consent. Only consent to photograph was available. This lack of written consent had been highlighted by another agency in July 2017 and again in October 2017. This was noted as a recurring issue.

We observed a person was reluctant to take their medication. The member of staff explained to the person what it was for and then gave it to them even though they did not want it. We asked the member of staff about their actions and they told us the person lacked capacity and would be in pain if they did not take their medicine. The member of staff told us other methods such as a syringe had been tried but a teaspoon was the better way to administer. There was no evidence an assessment around capacity or best interest decision meeting was held. We concluded the provider was not acting in line with lawful consent for people at the service who could not consent to care. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the management team around how the medicine was being administered without following lawful consent. They agreed to review this practice and involve other relevant professionals such as GP and pharmacist.

We saw evidence that the service had sent DoLS applications to the local authority. We reviewed one person's application which was appropriate and kept in the care file. We saw in one person's file documentation that confirmed their relative was awarded Power of Attorney (POA) in relation the person's finances; however there was no documentation in relation to the person's health and wellbeing. The person's care plan did not provide guidance that reflected the POA documentation. A similar issue around POA was found at the last inspection.

People told us they could make decisions regarding their care and relatives felt they were involved where appropriate. One person said, "Everything is fine. I go to my room when I want to. The staff are nice." One relative said, "We are fully involved in their care." Another relative said, "They are good at giving me a ring to keep me informed." The relative discussed examples where their relative had been able to make decisions about their care which enabled them to maintain a level of independence.

During the inspection, we observed staff obtaining verbal consent from people and saw them knock on doors to gain permission to enter people's room before entering. In one of the records we saw a recent example where the person chose not to go to bed at set times and enjoyed being made comfortable in the lounge area. They were offered a drink and snack and went to bed later. Similarly in another person's record we saw the person stayed in their room all day; it was evident from the records they had capacity and had exercised their choice.

We also saw people chose what they wanted to eat and drink and where to spend their time. Everyone we spoke with told us they were happy with the variety and quality of meals. One person told us, "The food is lovely. There is a good variety of things to eat and the vegetables are cooked just right." A member of staff who was experienced in care had been cooking the meals because a member of the catering team had left the week before. They told us people's preferences were taken into consideration when meals were planned. They said people chose their breakfast and tea time meal.

The lunch menu was displayed on a board in the dining room; this was decided on the day by the member of staff who was cooking. The service did not use menus. We looked at the meals provided in the previous two weeks and saw regular meals with vegetables were served. For example, roast dinner was served four times, meat casserole was served three times, meat pie was served once, shepherd's pie and cottage pie were also served. Although people told us they enjoyed the meals and we saw from the food records there was some variety of meals, the choice was limited. For example, no pasta or rice dishes had been provided. We asked to look at food audits or food satisfaction surveys but were told these were not available. The management team said they were confident meals were varied and nutritionally balanced but did not have formal processes for checking this. They said they would look at introducing a system to make sure everyone was involved in planning their meals and sharing feedback about their meal experience.

During the day we saw people were offered regular drinks and snacks. At lunch we saw people had a pleasant meal experience and enjoyed the food. Staff provided appropriate support when people required assistance. People had a cold drink with their meal which was served in a red plastic cup. A hot drink was not served with or after the meal. The management team could not explain why plastic cups were used and why people were not offered a hot drink but agreed to review this.

People had nutrition assessment tools which were used to determine individual risk. One person was assessed as 'low risk'. Their records indicated they had gained over a stone in weight between April and June 2017. No weight records were available for July, August, September or October 2017. There was no evidence available to the person's weight was monitored or reasons for the weight gain were explored. We saw there were gaps in recording weight in another person's care records. In August 2017 no weight was recorded and in September 2017 a weight loss of two pounds was noted. In another part of the care plan it stated there had been a weight loss of three pounds which was confusing. Records indicated the person had lost 7.6% of their body weight in the last six months. A member of the management team told us fluid balance and food checks had commenced in response to the weight loss. However, when we reviewed these we noted they were incomplete. For example, the total outputs for four dates between 23 and 28 October 2017 were blank and on several days the input was low.

A member of the management team told us they had recently introduced new nutritional screening tools. These were kept in people's files but were only partially completed; no scores were recorded which are required to assess the level of risk. The management team told us they were waiting for further guidance from the agency who had been supporting them to develop and improve the care records. The agency found in October 2017 only 33.3% of records contained an up to date nutritional risk assessment. We concluded the provider did not assess and manage risk to people who used the service. This is a breach of

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff knew how to look after them and were confident staff acted in their best interest. One person said, "Staff are alright, as far as I think." Another person said, "They are obviously well trained and make good decisions." One relative told us staff had received 'Portraits of Life', training which involves creating a collection of stories and pictures about the person, which are made into a montage and used to help them communicate." The relative told us they had been really impressed. A member of the management team told us six members of staff had attended the training.

Staff told us they felt supported and had opportunity to discuss any concerns with the management team who worked at the service on a day to day basis. They said they met with their supervisor and discussed training, any issues with staff or residents and were given feedback on how well they were performing.

Staff told us they had received training although the amount of training varied and we could not establish from the records we reviewed that staff had received training that would equip them with the skills and knowledge to carry out their role and responsibilities. Training records were a combined paper and computer format. Some records were competency based but there was no indication of whether the trainer had the required skills and experience to deliver and assess if the candidate was competent. We saw there were gaps in some key areas which included fire safety, manual handling, infection prevention and control, safeguarding adults and medication management and administration. We reviewed records for fire safety training and found two out of the three of the staff that were working the evening shift had not completed fire training. Both staff who were working the night shift had not completed fire safety training.

A member of the management team showed us the computerised system which they said needed further input to ensure it accurately reflected the training staff had completed; the data we reviewed did not provide a clear training record and we could not get an overview of how many staff had completed the various training sessions. We reviewed individual staff records and saw inconsistencies. Four staff training records were reviewed in detail and there were several gaps in those records which indicated gaps in training. One member of staff had recently started working at the service; the record indicated they had only completed Mental Capacity Act 2005 (MCA) training. Their induction checklist indicated they had covered the safeguarding policy, code of practice and were given a copy of the Whistle Blowing policy. However, the induction checklist was not signed.

The provider did not have a system for identifying the frequency that training should be repeated and when training was due to expire. We concluded the provider did not ensure staff received appropriate training that was necessary to enable them to carry out the duties they were employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A member of the management team said they were experienced in NVQ assessment (now known as Diplomas) and would be able to support staff on a day to day basis and improve the training provision. They also said they were working with other agencies who were providing support around training and staff development, and we saw evidence to support this.

During the inspection we spoke with a health professional who told us they did not have any concerns about the care that was delivered. They said, "If we ask them to do anything they follow advice and always seek advice." One person who used the service told us, "I see the doctor when I want." In the records we reviewed there was evidence of input from health professionals and included, GP, district nurse, optician and chiropodist.

At the last inspection we reported there was a lack of wheelchair accessibility around the home and a lack of space in the dining room. The medicines trolley was stored in the dining room and people struggled to walk around the fire place and between the tables. The management team told us they would investigate an alternative dining area to reduce the risk of trips and falls and would look at the feasibility of installing a wheelchair accessible ground floor toilet. At this inspection we found the provider had made no changes.

When we looked around the service we saw some decoration had been completed, however, we also saw some areas needed decorating. Paintwork was damaged in places. There was no decoration or refurbishment plan. We saw work was required to improve fixtures and fittings. A fire in the dining room was dirty and was damaged. A member of the management team told us the fire had been disconnected but they were not aware of plans to remove the fire or fireplace even though these were a hazard. The management team told us they thought the fire in the lounge had also been disconnected but were unsure. We saw water from a shower leaked from the shower room when in use. Staff told us they used towels to prevent water from flowing into the next room. The management team were not aware of plans to address this issue. We concluded the provider did not ensure the premises were safe to use. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw outdoor space was limited; areas of the garden had not been attended to and were overgrown. Staff we spoke with told us the home was warm and people were comfortable; however, they felt the environment should improve. One member of staff told us, "It could benefit from a major makeover. There are no flowers in the pots outside. As you come up the drive it looks shocking."

Good

Is the service caring?

Our findings

People told us they were happy living at Castle Mount Care Home. Everyone we spoke with said staff were friendly and kind. One person said, "They are friendly. Some leave and some come back." Another person said, "Yes indeed, without any doubt." A visiting relative said, "Yes and patient. I have seen that with other residents."

People told us their privacy was respected and staff always knocked on their door before entering. They said their independence was promoted. One person told us, "If I want any help they are there but I can also do things for myself." Another person said, "I can do more or less anything." During the inspection we observed positive interaction between people who used the service and staff. People were spoken to politely, given time to reply, and were treated with dignity and respect. A relative told us they observed staff encouraging people to do things for themselves and providing support when required.

Staff chatted to people about family, friends and things they enjoyed. We observed staff talking with relatives, welcoming them to the home and listening to their views and concerns and responding appropriately.

Staff told us they were confident people were well cared for. They gave examples of how they promoted independence and ensured people's privacy and dignity was maintained. This included providing person centred care and being respectful. One member of staff said, "People are definitely well looked after. All staff are hands on and know them all their idiosyncrasies." Another member of staff said, "We have a good staff team and create a nice working and living environment for everyone. It really is a home."

We saw people's care plans had good information about their preferences, likes and dislikes. When we asked staff about people's histories and preferences they were able to provide us with a good level of detail. It was evident from these discussions the staff we spoke with knew people well. Some staff had attended 'portrait of life' training which focuses on supporting people to develop life stories, which helps ensure their history and background is known and used to form the care planning process. Staff who attended the training told us it was a positive experience. We saw one person had a 'portrait of life'. A member of the management team told us they would be supporting others to develop their 'portrait of life'.

Information was available to help keep people informed. For example, in the entrance we saw there were notices displayed around activities, details of the next resident meeting and the agencies who were supporting the provider to improve. This ensured people knew what was happening in the service. The rating from the last inspection was also displayed. Care records were stored securely which ensured confidentiality was maintained.

Staff's caring and committed approach was a key strength of the service, in spite of the shortfalls in other key questions, including the leadership and management of the home.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their relatives told us they were not familiar with the care plans but did feel the care that was provided was the right care. The management team told us people and their relatives provided feedback about their care through meetings and discussions. However, when we reviewed care plans there was a lack of evidence to show how people had been involved. For example, one person's daily needs section had been updated because they had deteriorated. There was no evidence the person or their relative had been involved.

Care plans were detailed and covered all aspects of care such as eating, dressing, personal hygiene and mobility. However, some people had information around end of life wishes whereas others had no information. We saw people's needs had been assessed and guidance around how to deliver care was detailed. Although the care plans provided key information these were not well organised so it was difficult locating specific information about the person. Therefore the person and relevant others would struggle to understand the contents unless they spent a considerable amount of time reading the file. The provider did not use summaries such as a 'pen picture' or 'one page profile' which makes information accessible.

In the PIR the provider told us, 'New documentation will be introduced to reflect the needs and goals of residents so that it is more responsive to the individual's care'. A member of the management team told us they had identified care plans were not user friendly so they were introducing a new format, and had completed the first one.

The management team completed and reviewed care plans. They told us as part of the new care planning process there would be more involvement with everyone, including the staff team. They said people's end of life care plans would also be developed. The management team said staff had completed care plan training so were equipped to contribute to the care planning process but would need more support before they carried out formal reviews.

Staff we spoke with told us communication was effective around people's needs. They said they attended a handover at each shift change. We observed this during the inspection and saw appropriate information was shared which ensured staff were kept up to date and made aware of any changes.

An agency who had been supporting the service to improve their systems and processes told us the care they had observed was 'high quality particularly with activities in the community'. A member of the management team told us they arranged transport so people could access the community. We saw activity sessions were displayed in the service. Throughout the day we saw staff spent time with people, often sitting and chatting. During the morning staff organised a hoopla game; the session was friendly and people engaged. However, we also noted some people sat for long periods with little stimulation. A member of the management team told us they had an activity box but said some people did not want to participate. We reviewed activity records and noted there were gaps. A member of the management team acknowledged these were not being completed consistently and agreed to review how they were capturing their activity programme.

People we spoke with said they did not have any concerns about the service but would feel comfortable talking to staff or managers. One person pointed to a member of the management team and said, "Well I would just tell you!" They also said they would talk to their relative. Another person said, "I would raise them with a member of staff." A visiting relative said, "We have never had to complain. They seem to be on the ball."

In the PIR the provider told us, 'Residents and families are aware of the management structure so that they know if there are any concerns who to go. The management team make sure that they know the complaints procedure in case the situation arises so that it can be dealt with quickly and effectively.' The management team told us they had not received any formal complaints.

We saw the service had received compliments which were displayed in the entrance. Comments included, 'I will never forget your acts of kindness during [name of person]'s last days, and how you showed real concern while remaining so professional', 'We couldn't have managed without your support and dedication. You made [name of person]'s stay a very enjoyable one' and 'I can't thank you enough for your love, care and patience, you are so wonderful'.

Inadequate

Is the service well-led?

Our findings

At the inspection in January 2016 we rated the service as inadequate and identified the provider was in breach of three regulations which included the regulation that relates to good governance. We served three warning notices. At the last inspection in August 2016 we rated the service as requires improvement and identified the provider was in breach of two regulations which included the regulation that relates to good governance. At this inspection we found the provider had not made improvements and was still in breach of the same two regulations and an additional two regulations.

At the last two inspections we have reported that the registered manager had limited on site presence at the home even though they had a condition of registration that the service must be managed by an individual who is registered as a manager. At the last inspection we were told the health and safety manager would be applying to register with the CQC. However they were no longer in post and this did not happen. At this inspection the registered manager was not available during the inspection because they were abroad and it was evident they were not managing the service.

At the last inspection we reported that the lack of leadership from a registered manager meant the service was reactive and not proactive and improvements were made as a result of audits from external bodies such as the local authority rather than from the provider's governance arrangements. At this inspection we found the provider's quality management systems were ineffective.

Staff we spoke with told us they felt well supported by the management team who worked at the service on a day to day basis. They did not feel supported by the registered manager and confirmed they did not spend time at the service. One member of staff said they had only seen the registered manager twice and on both occasions there had been no engagement. Another member of staff told us the registered manager was "not very approachable" and said they "never see her." Another member of staff who had been employed for six months told us they had seen the registered manager four times and said, "Usually she only goes as far as the kitchen to pick up her post." Two members of staff said they could communicate with the registered manager via instant messaging. At this inspection we were told the 'duty manager' would be applying to register with the CQC, however, there was no evidence they had been recruited to the manager's role and a job description was not available. We are dealing with the lack of day to day control by the registered manager outside of the inspection process and will report on this at a later date.

The provider had failed to make the required improvements following the last inspection and had not picked up issues we identified at this inspection. We found they had failed to ensure staff received appropriate training. People's needs were not assessed and risk was not managed. Staff did not meet legal requirements about making decisions when people did not have the mental capacity to do so for themselves. People did not live in a safe environment. A member of the management team told us there was 'room for lots of improvement' and they were 'starting from a low base'.

During the inspection we were given some information which was inaccurate. For example, we were told the

service had a gas safety certificate but this turned out to be incorrect; we reviewed fire records and saw they had been signed and dated by the same member of staff throughout 2017, however when we checked staffing rotas over a 22 week period the member of staff had been absent on ten occasions.

We looked at audits and checks that were carried out by the management team and found these were ineffective. For example, a medication audit report consisted of a statement indicating that the trolleys had been checked and medicines were counted with no errors; other areas of medicine management were not checked. Profiling beds, stair lifts and mattresses were checked although this only covered the mechanical functioning. The last environmental audit was completed in October 2016. A central record of resident weights was maintained but there was no evidence to show these were used to monitor people's health and wellbeing. A member of the management team told us they had been informed by an agency that the audits were not of a sufficiently robust standard and not systematic enough so were looking at how these could be developed.

The management team were unable to produce any provider or manager reports that showed quality and safety were assessed. A member of the management team said the registered manager had some reports but these were kept away from the service. Staff meeting minutes could not be located.

The provider had policies and procedures in place which were noted as being in date; however, a number of these policies did not reflect current legislation or best practice and were therefore inaccurate. The safeguarding adult policy made no reference to the local authority safeguarding procedure and the infection control policy did not contain information on the prevention or management of infection/infection risk. Some of the policies were not signed and there was no information about who reviewed these. We concluded the provider was not evaluating and improving their practice sufficiently to meet regulation. They did not operate effectively systems and processes, and the systems and processes did not enable the provider to assess, monitor and improve the service or assess, monitor and mitigate risk. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team shared information with us that had been developed with other agencies who were supporting the service to improve. They told us although this was in the early stages they had a better understanding of how the service needed to develop. A report from October 2017 completed by one agency identified some recurring themes in their findings. In their report areas that still needed addressing included; care plans not being up to date, lack of consent from people at the home to their care plan, if the person was unable to consent there was a lack of specific capacity assessments, nutrition charts were not accurate or up to date, and gaps were noted in care plans around risk assessments in respect of falls, nutrition, and moving and handling. There was evidence of some issues being resolved including DNACPR (Do not Attempt Cardiopulmonary Resuscitation) forms being included in records.

Two agencies told us the service had made improvements. One agency said, 'We have undertaken a number of perfect ward resident safety walkabouts at the home' and 'since we have been involved we have evidenced significant improvements and they have engaged with us to continue to improve'. They said they were currently supporting them with assurance. Another agency told us the service was compliant with their standards. They said, 'This was a lengthy process as there were a number of management changes during our monitoring exercise and progress was really slow'.

People told us they were happy with the service they received. One person said, "Yes I am happy here. Yes I would recommend." People told us staff would listen if they wanted to share views. Resident meetings were held every six months. In preparation for the meeting people who used the service and their relatives were asked to complete questionnaires relating to care and the experience of living at Castle Mount Residential

Home. A notice for the next meeting which was being held in November 2017 was displayed; questionnaires were being analysed by a member of the management team. We reviewed residents meeting minutes which showed agreed actions and when they should be to be completed.