Castle Hill House Limited

Castle Hill House Care Home with Nursing

Inspection report

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Date of inspection visit:
13 November 2018

Date of publication:
13 December 2018

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

We carried out an unannounced inspection of Castle Hill House on 13 November 2018. Castle Hill House is a 'care home' that provides nursing care for a maximum of 43 adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 27 people living at the service. Some of these people were living with dementia. The service is a detached house over two floors. The ground floor was dedicated to people receiving nursing care and the first floor was mostly for people with residential needs. There was a passenger lift to support people to access the upper floor.

The service is required to have a registered manager and at the time of the inspection a registered manager was not in post. However, a new manager was appointed in November 2017, when the previous registered manager left their post. This manager had an application to become the registered manager being progressed and nearing completion. 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.

As part of this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 31 October 2017. In October 2017 we found there were not enough staff on duty to ensure people could receive their care when they needed it. We had concerns about inconsistent and missing records in relation to medicines administration, assessments of people's mental capacity and some people's care records. Some of the areas for improvement found at that inspection had been identified through the service's own auditing system. However, action had not been taken to make the necessary improvements. The rating at the last inspection was Requires Improvement.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good.

There were safe arrangements in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine Administration Records (MARS) were completed appropriately and there were no gaps in the records.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Since the last inspection, changes had been made to the way staff were deployed. Staff were allocated to work with specific people for the duration of their shift, which meant people's needs could be met in a timely manner. The timing of staff breaks was more flexible to consider busy times and to be more responsive to people's needs.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. The service had carried out assessments of people's mental capacity and decision making ability in line with the legal requirements of the MCA. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements.

People received care and support that met their needs because there was a stable staff team who had the skills and knowledge to provide responsive and personalised care. Staff knew how to recognise and report the signs of abuse. People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I'm happy and it's the people here that make me feel safe", "We're happy with the care that [person] gets" and "It's alright and they treat you well."

Care records were personalised to the individual. Risks were identified and included guidance for staff on the actions they should take to minimise any risk of harm. Where some people had been identified as being at risk of losing weight this was being well managed. Care plans and risk assessments were kept under regular review. Staff were provided with information about people's changing needs through effective shift handovers and electronic daily records.

Staff worked with healthcare professionals, such as tissue viability nurses, GPs and speech and language therapists to help ensure people had timely access to services to meet their health care needs. Care records were updated to provide staff with clear instructions about how to follow advice given by external professionals.

People were able to take part in a range of group and individual activities. A full-time activity co-ordinator was in post who arranged regular events for people. These included, bingo, film afternoons, arts and crafts, flower arranging, baking and board games. In addition, external entertainers regularly visited such as singers, musicians and church services. Staff supported people to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

People were supported to eat a healthy and varied diet and meals were a sociable experience. Comments from people about their meals included, "The food is lovely and we have a couple of choices – the carer comes in the morning and we book the meal we want for the next day. I had a fry up this morning and it was lovely" and "Very good, very rarely that they don't have anything you like, but you get a choice of two and I always get my choice."

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong and supportive leadership. People, their families and healthcare professionals were all positive about the management of the service and told us they thought the service was well run.

Details of the complaints procedure were displayed in the service and people and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 was safe. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff knew how to recognise and report the signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff received appropriate training so they had the skills and knowledge to provide effective care to people.

The service had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support

in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in a range of group and individualised social activities.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led. There was a positive culture within the staff team and they felt supported by management.

People and their families told us the management were approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Castle Hill House Care Home with Nursing

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.

This unannounced inspection took place on 13 November 2018 and was carried out by one adult social care inspector, an assistant inspector, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people living at Castle Hill House and three visiting relatives. We looked around the premises and observed care practices on the day of our visit. We also spoke with registered provider, the manager, the deputy manager, the activities coordinator and five care staff. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we received feedback from one healthcare professional.

Good

Is the service safe?

Our findings

At the inspection in October 2017 we found there were gaps in medicine administration records (MARs). Topical creams had not been dated on opening and there were missing records of when creams were used. There were discrepancies between records of medicines given and the stock held for some people. The temperature of the medicines room was too high and there were some out of date swabs, specimen and blood bottles held by the service.

In October 2017 we also found there were not enough staff on duty to ensure people could receive their care when they needed it. Some people were not helped to get up and dressed until 11.45 am. We also found that call bells were not always promptly answered, in four observed incidents, taking between 10-15 minutes to respond to people's needs. Therefore, the safe section of that report was rated as requires improvement.

At this inspection we found improvements had been made. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine administration records (MARs) were clear and there were no gaps. Where entries on the MARs, for prescribed medicines, had been handwritten these had been signed by two members of staff to confirm the accuracy of the entries. A sample check of the stock held tallied with records of the medicines given.

Where people were prescribed medicines to take 'as required' (PRN) clear protocols had been put in place for staff to follow when administering these medicines. This helped ensure a consistent approach to the use of PRN. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held medicines that required cold storage and there was a medicine refrigerator at the service. There were records that showed the temperature of the medicine refrigerator and the medicine room were checked daily. There were auditing systems in place to carry out weekly and monthly checks of medicines.

At this inspection we found there were enough staff on duty to meet people's needs appropriately. Since the last inspection changes had been made to the way staff were deployed and this had been achieved with the involvement of, and consultation, with staff. Staff were allocated to work with specific people for the duration of their shift and the timing of staff breaks was more flexible to consider busy times. At the time of the inspection discussions were taking place with staff to bring forward the start time of day shifts so more staff were available early in the morning. This meant people's needs could be met in a timely manner and staff could be more responsive to people's needs.

People, relatives and healthcare professionals all told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were answered promptly.

We found the service was now meeting the requirements of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I'm happy and it's the people here that make me feel safe", "Everything about it is pretty fine", "We're happy with the care that [person] gets" and "[Person] and we are very happy and [person] is totally safe."

The service had policies and procedures in place to minimise the potential risk of abuse or unsafe care. Staff were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received training in safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area. They told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training in this area as part of the induction process. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service held some personal money for most people who lived at the service and this was managed by the administrator. People were able to access this money to purchase personal items and to pay for hairdressing and chiropody appointments. We made a sample check of records and monies held and found these to be correct.

Risk assessments were in place for each person in areas such as, moving and handling, nutritional needs and the risk of falls. Where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff about what might trigger people to become distressed so staff could try to avoid this occurring and what to do when incidents took place. For example, one person's care plan stated, "If [person] declines assistance, leave them and try again 30 minutes later."

If accidents and incidents took place at the service staff recorded details of the incident in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

The environment was clean and there were no unpleasant odours. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this. Hand gel dispensers and personal protective equipment (PPE) such as aprons and gloves were available for staff throughout the building.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. People had Personal Emergency Evacuation Plans (PEEPs) in place outlining the support they would need if they had to leave the building in an emergency.

Good

Is the service effective?

Our findings

At the inspection in October 2017 we found the service had not carried out their own assessments of people's mental capacity and decision making ability in line with the legal requirements of the MCA. This meant there was a risk that people's rights might not be protected as there was no guidance for staff about how to support people to make their own decisions.

In October 2017 we also found when advice was given by healthcare professionals, staff were not always provided with written instructions to enable them to consistently follow that guidance. Where people had been assessed as being at risk of losing weight their weight was not regularly checked. When staff needed to monitor specific aspects of some people's care, including checking weight, it was not clear if any action had not been taken when potential concerns were identified. Therefore, the effective section of that report was rated as requires improvement.

At this inspection we found improvements had been made. The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Applications for DoLS authorisations had been made to the local authority appropriately and there were no authorisations where conditions had been applied.

Mental capacity assessments had been carried out and documented in people's care plans. These assessments detailed specific decisions an individual could make and the type of decisions they might not be able to make for themselves. For example, one person's care plan stated, "[Person] is able to communicate their daily needs and choices. However, when trying to make more complex decisions they lack the capacity to weigh up and retain information.

We observed throughout the inspection that staff asked for people's consent before providing assistance and daily notes recorded when consent was given. Staff supported people to make their own decisions and choices in their daily living. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

At this inspection we found staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. Care records confirmed people had been supported by healthcare professionals such as, tissue viability nurses, community nurses, GPs and speech and language therapists (SALT). When specific instructions were given by external professionals, guidance was written in individual's care plans so staff knew how to provide the right care for people. This helped to ensure people's health conditions were well managed and staff could provide consistent care.

Where people had been assessed as being at risk of losing weight their weight was regularly checked and appropriate action taken should the person's weight change. When people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. These records had been consistently completed, analysed by senior staff, and action taken when potential concerns were identified.

We found the service was now meeting the requirements of Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

People's need and choices were assessed prior to moving into the service. This helped ensure people's expectations and needs could be met. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. In our conversations with them it was clear they knew people well. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

People were supported to eat a healthy and varied diet. Kitchen and care staff were aware of any specific needs or likes and dislikes people had. Drinks were provided throughout the day of the inspection and during lunch. People who stayed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. The dining room had recently been redecorated and was bright and airy. Table clothes, cutlery, napkins and condiments were all available for people and a flowering pot plant was on each table. Lunch was a social experience and people told us they enjoyed their meals. Comments included, "The food is lovely and we have a couple of choices – the carer comes in the morning and we book the meal we want for the next day. I had a 'fry up' this morning and it was lovely", "Very good, very rarely that they don't have anything you like, but you get a choice of two and I always get my choice", "I do like the food and I like everything that they bring me", "The food is excellent and we've had food here with [person]", "They made a cake for father-in-law when he was 90."

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals. A manager met regularly with staff for one-to-one supervision meetings and annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity, equality and diversity and dementia awareness.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also

spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

The design, layout and decoration of the service met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a passenger lift to gain access to the first floor. Toilets and bathrooms were clearly signed to encourage independent use and help people who might have difficulty orientating around the building.

Good

Is the service caring?

Our findings

People and their relatives all spoke positively about staff and their caring attitude. They told us staff treated them with kindness and compassion. Comments included, "I find them very good", "It's alright and they treat you well", "I'm well looked after and they are all very good." We saw many examples of positive interactions between staff and people during the day. Staff were warm and friendly, frequently asking if people were comfortable and had all they needed.

People told us their privacy and dignity was maintained and respected always. Staff were observed to knock on people's doors and ask them if they would like to be supported. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff told us how they maintained people's privacy and dignity, in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Comments from staff included, "I love it here – I really enjoy it. The staff are brilliant and friendly, even the agency they say they can't wait to get back here", "You get mad times but the atmosphere is relaxed. The staff and residents are lovely", "I am proud of having the responsibility of looking after other people. It is a big achievement looking after someone else's life", "All the residents are really lovely and staff too are nice to work with."

People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in one of the shared lounges or in their own rooms.

Care plans also contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. People told us, "I brought two of my own cabinets, photos and pictures with me. It's big enough and has plenty of heat;" and "It's nice and I'm really pleased to be in here, it's a nice view and I have my own belongings with lots of pictures and my own bookcase and books."

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff said everyone would be treated as individuals, according to their needs.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good. One care worker told us, "I talk them through what I am doing as some people get confused. If they can't communicate verbally then we try and communicate through facial expressions."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. One relative said, "Never any restrictions on visiting; we have been given a 'pass-key' and can unlock the door." A person living at the service told us, "My son comes in most evenings and he brings in my dog too, I wouldn't have agreed to come in here if he couldn't bring my dog in to visit too."

Good

Is the service responsive?

Our findings

Before moving into the service, a manager met with people in hospital, at their home or at their previous care placements to complete assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Staff attended handovers at the start of their shift. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Daily notes were completed on the electronic system and this enabled staff coming on duty to have a quick overview of any changes in people's needs and their general well-being. There were sufficient work stations for staff to use to ensure they could add and retrieve information whenever they needed to.

Care plans were also recorded on an electronic system. These contained information on a range of aspects of people's needs including mobility, communication, nutrition and hydration and health conditions. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. People's care plans were reviewed monthly or as people's needs changed. Staff told us care plans were informative and gave them the guidance they needed to care for people.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. A relative told us, "A manager regularly comes and speaks to me and if there are any changes made to the care plan they tell me about them either when we come in or they'll ring us." Some people told us they knew about their care plans and managers would regularly talk to them about their care, as one person commented, "One of the senior carers sat down with me to talk to me about it and I have free access to my care plan."

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately.

People were able to take part in a range of group and individual activities. A full-time activity co-ordinator was in post who arranged regular events for people. These included, bingo, film afternoons, arts and crafts, flower arranging, baking and board games. In addition, external entertainers regularly visited such as singers, musicians and church services. Comments from people about the activities on offer included, "I enjoy the singing the best – when you sing you feel better", "I'm bedridden at the moment, so am restricted. [Activities Coordinator] comes and has a chat with me", "I always go and do what they have on after lunch; there's a good selection of entertainers" and "[Activities Coordinator] is very good and we have different acts about four or five times a week."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives told us they knew how to raise a concern and they would be comfortable doing so. Where complaints had been received these had been well managed and effectively resolved.

Good

Is the service well-led?

Our findings

At the inspection in October 2017 we found some of the areas for improvement highlighted at that inspection had been identified through the service's own auditing system. However, action had not been taken to make the necessary improvements. Therefore, the well-led section of that report was rated as requires improvement.

At this inspection we found improvements had been made. Since the last inspection all auditing and monitoring systems had been reviewed and updated. These revised audits were effective in helping to ensure that any areas for improvement were identified and addressed. There was a programme of monthly and weekly audits in areas such as, falls, medicines, care plans, infection control, health and safety and premises checks. In addition, because the manager and deputy managers worked alongside staff, this enabled them to check if people were happy and safe living at Castle Hill House.

We found the service was now meeting the requirements of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the well-led section had improved to Good.

The service is required to have a registered manager and at the time of the inspection a registered manager was not in post. However, a new manager was appointed in November 2017 when the previous registered manager left their post. This manager had an application to become the registered manager being progressed and nearing completion. There was a management structure in the service which provided clear lines of responsibility and accountability. The manager was supported in the running of the service by a deputy manager, nurses and senior care staff. The registered provider worked closely with the manager to support them in the development of the service.

People, relatives and healthcare professionals were all positive about the management of the service and told us they thought the service was well run. Comments included, "I have experience of other homes and there is no question that this is the best one", "The managers are visible at the home and approachable, you see them looking around the home", "I have already recommended it" and "I have no concerns about this home."

Staff told us the management team were visible in the service and very approachable. Staff had a positive attitude and morale in the staff team was good. They told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff received regular one-to-one supervision meetings and there were frequent staff meetings held for all staff teams. This was evidenced at the inspection by staff and managers talking to us about the meetings that had taken place regarding rotas and staff breaks. Comments from staff included, "I think the supervision is every three months. I've had two so far and I have one coming up. The thing I like about how it is done here is that they ask you for your ideas on how things can be improved and I feel like they listen", "The management are approachable. I have had no problems but if I had any issues I would go to them" and "I have no issues to raise but I would go to [manager or deputy] if I needed to."

The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided. Feedback we saw was positive and complimentary. A sample of comments included, "Thank you for ensuring [person's] last few weeks were calm and peaceful. All the nursing staff were very compassionate ensuring [person] was continually monitored and checked on and as a family you all looked out for us as well, ensuring that we were fully up to date with everything happening" and "We would like you to know how deeply we appreciate all the kindness and warmth you have shown us during [person's] stay with you and the lovely way [person] was looked after by you."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.