Cherry Garden Properties Limited

Castle House

Inspection report

Castle Street
Torrington
Devon
EX38 8EZ

Tel: 01805622233

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18 July 2016

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 March 2016. Breaches of legal requirements were found. We issued requirement notices and a warning notice in respect of these breaches. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines, ensuring the environment was safe and updating care plans so people received safe and effective care.

After that inspection we received concerns in relation to poor moving and handling, poor medicine management, poor record keeping and lack of staff to provide safe and effective care. As a result we undertook a focused inspection to look into those concerns. We were also following up on the warning notice issued in respect of fire safety and risk assessments. This report only covers our findings in relation to those/this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle House on our website at www.cqc.org.uk

We completed this unannounced focussed inspection on 18 July 2016. Two inspectors completed the inspection.

Castle House is registered to provide personal care for up to 33 people. They provide care and support for frail older people and those people living with dementia. On the day of the inspection there were 17 people living at the home, including one person who was having a short break there.

Since the last inspection the registered manager had resigned and left the service. A new manager had started and been in post for fours day prior to our inspection visit. She has experience of being a registered manager in other services and will apply to register with the Care Quality Commission (CQC). 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.

In addition to having a new manager the service had employed a deputy manager to assist with the running of the service. They had just started their first day when the inspection visit occurred. The deputy manager also has experience and knowledge of running services. The manager and deputy had worked together previously and described themselves as ''complimenting each other, having different skill sets but the same core values of wanting to provide the best quality care possible.''

During this inspection we found the areas of concern around fire safety in relation to fire doors had been actioned. The service had also completed risk assessments for the use of portable radiators. We were satisfied the warning notice had been met.

The concerns identified to CQC in relation to being short staff was found to be an issue. The previous four

weeks rotas showed staffing levels had fallen below what the provider had assessed as being needed. However the operations manager and manager of the service had been actively recruiting for new care staff. They had also been using agency staff to fill known gaps.

We found no evidence to substantiate poor moving and handling on the day of the inspection. Staff confirmed they had the right equipment and had received training to help them transfer people safely. On the day of the inspection, they were short by one care staff as one agency staff had not turned up. The length of time it took to get people into the dining room was over half an hour which delayed people having lunch at the time they would normally have it.

Medicine management still required some improvements. The deputy manager was starting the process of a complete medicine audit and had picked up on the same issues we identified during our inspection. They sent us an action plan following the inspection which detailed how they would be addressing issues identified and making improvements to medicine management.

There were some gaps in record keeping, but on most days staff had detailed what care and support had been delivered to each person.

On the day we inspected we found the kitchen was really hot and the staff in there needed some ventilation. There was an ineffective fly screen on the door and no fly screen on the window.

We identified one breach of regulation at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Improvements were needed to ensure people's medicines were managed safely and appropriately. The provider was taking actions to address this.

Improvements were needed to ensure the kitchen was protected from the risk of cross infection.

Staffing levels had not always been in line with the providers recommended numbers, but this was being addressed.

Castle 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 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 inspection took place on 18 July 2016 and was unannounced. It was completed by two inspectors.

During this inspection we spoke with eight staff including the cook, manager, deputy manager, operations manager, administrator, kitchen assistant, agency care worker and care staff. We also spoke with four people who lived at the service. We talked with two visiting relatives and one community nurse.

We looked at five care plans and records relating to medicine management. We also reviewed some of the audits and safety checks.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt safe living at Castle House. One person told us ''I do like it here, staff are lovely, yes I feel safe.''

Medicines were not always managed to ensure people received them safely. The concerns we identified at the last inspection had not been addressed. These were regarding the records demonstrating that people had their topical creams applied as prescribed.

Where people had medicines prescribed, as needed, (known as PRN), no new protocols had been put into place since our last inspection about when they should be used. This meant that staff might not be aware of why and when they should administer these medicines to people appropriately.

New medicines coming into the service had been hand written on people's medicine administration records (MAR); staff had not signed their entries and had a second person check their entries which is good practice to help prevent possible errors occurring.

Some medicines are required to be recorded in a register when at the home. We found these had been entered into this register as required.

At this inspection the folder where people's MAR's were stored was disorganised, with pages loose and falling out. Some were found in the wrong order and documents which were no longer in use had not been archived which added to the disorder. Handwritten entries of new medicines coming in to the home did not give clear instructions regarding the frequency of their use and the dosage required.

This is a breach of 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014.

The new deputy manager started to undertake an audit of the medicines during the inspection. They were taking action to identify the concerns for each person and to put in place a safe system. We were reassured that they identified the same areas of concern we had.

Medicines were administered by senior care workers. People's MAR's had no missed signatures identified. Staff confirmed they had received some training in the safe handling of medicines and the manager said she would be putting systems in to check their competencies on a regular basis.

We completed a tour of the building to check that issues identified within a previous warning notice had been actioned. We found fire doors had been cleared and were now accessible. Where portable radiators were in use, risk assessments had been completed to ensure people were protected as far as possible. Work had been completed to ensure all bedrooms in use had access to hot water. We concluded the warning notice had been met.

We went into the kitchen to speak with the staff working in there. We found it was very hot and lacking ventilation as the door could not be opened due to an ineffectual fly screen. Also there was no fly screen on the window. We raised this with the operations manager who said they would address this.

Anonymous concerns had been raised about unsafe moving and handling practices. We found no evidence to support this on the day of the inspection. Staff said they had received training in safe moving and handling. Staff also confirmed they had sufficient equipment to ensure people were moved safely. This included each person having their own hoist sling.

Anonymous concerns raised suggested the service had been running with not enough staff to ensure people's needs could be met safely. The previous four weeks rotas showed staffing levels had fallen below what the provider had assessed as being needed. However the operations manager and manager of the service had been actively recruiting for new care staff. They had also been using agency staff to fill known gaps.

Staff confirmed that most shifts had the right number of staff as per the preferred and assessed staffing levels indicated by the provider. Staff said if they had been short, it was because of sickness and being unable to provide cover at short notice. Staff said they tried hard to cover shortfalls by offering to stay longer if needed and being prepared to work extra shifts. We did note that on the day of the inspection, they were short by one care staff as one agency staff had not turned up. The length of time it took to get people into the dining room was over half an hour which delayed people having lunch at the time they would normally have it.

The staffing arrangements were usually for four care staff per shift during the morning, three care staff for the afternoon and two care staff covering nights. They were supported by a housekeeper every day for six hours, a cook and a kitchen assistant and an activities coordinator covering three days per week. In addition there was a full time manager, a newly appointed part time deputy manager and an administrator.

The anonymous concerns identified people may not be safe because of poor record keeping and lack of updating care plans. We found most daily records gave an accurate picture of what support staff were providing to ensure people's needs were being met. There were some gaps within care planning. The manager said she had prioritised this to ensure care plans and risk assessments were up to date so people would have consistent and safe care. Following the inspection, the manager sent us an action plan saying she would have this work completed by mid August 2016.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems for the management of medicines were not always safe and did not protect people