Restful Homes (Midlands) Ltd.

Castlehill Specialist Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Castlehill Specialist Care Centre is a residential care home providing personal and nursing care to up to 84 people. The service provides support to people who are living with dementia. At the time of our inspection there were 64 people using the service.

The care home is an adapted building across three floors with lounges, a cinema room and access to an outside space on each floor.

People's experience of using this service and what we found
People and relatives told us safe care was provided. Staff received training on how to keep people safe and what to do if they had concerns. Medicines were administered safely. The provider had safe recruitment processes in place, some people were assessed as needing one to one support from staff and we observed this was in place.

Agency staff were used, and a relative and staff member raised concerns about the impact of this on the care at night. The home manager was taking action to address this. We observed good infection control measures in place although some improvement was required to ensure staff were wearing face masks correctly in the reception area and offices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff worked well with healthcare professionals to ensure people's needs were met. People were offered a choice of food and people's dietary needs were met. The home had some excellent facilities such as a bar area where visitors could spend time with people and cinema rooms. Staff received the necessary training to support people.

People and relatives felt able to raise concerns and approach the home manager. Audits were regularly carried out to ensure the quality and safety of the care was maintained. Surveys and meetings were held with people, relative and staff to gather their views and make any improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 30 April 2021).

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to an increase in safeguarding referrals and infection control. This included concerns about nutrition and falls. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castlehill Specialist Care Centre on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Castlehill Specialist Care Centre

Detailed findings

Background to this inspection

The Inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors, a specialist advisor (who was a qualified nurse) and an assistant inspector.

Service and service type
Castlehill Specialist Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Castlehill Specialist Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service did not have a manager registered with the Care Quality Commission. The home manager made an application to become the registered manager during the inspection. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager.

Notice of inspection
This inspection was unannounced, however when we arrived at the home, we were informed of a number of people living at the home having unreadable COVID-19 tests. As such we had to delay the site visit and started the inspection with offsite review of evidence.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps to support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with four people who lived at the home and nine relatives and friends about their experience of the care provided. We spoke with sixteen members of staff including the nominated individual, general manager, home manager, nursing staff, care staff, domestic staff and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four professionals who regularly visited the service.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including the provider's dependency tools, audits and policies and procedures were reviewed.

After the inspection
We spoke with four relatives and two night staff. We continued to review information in relation to the governance of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Risk assessments were in place and staff were aware of people's risks and how to support people to keep them safe. Relatives told us staff knew people's needs well. One relative told us, "They are very good and cater for his needs," another said, "There have been one or two incidents when [person] fell. They have dealt with it really well and kept me informed."

● On some occasions people required the use of a physical restraint to support them to remain safe. Care plans included guidance for staff on other ways to keep the person safe before using a physical restraint. One staff member said, "We try not to use it, we try and resolve the situation." The provider had a system where they reviewed monthly how often physical interventions were carried out, so any trends could be identified, and appropriate action taken.

● Where people were at risk of pressure ulcers care was provided in line with their risk assessment. Where a specialist nurse was involved to assess the person and give advice this was being followed. This meant we saw people' pressure areas responding to treatment and improving.

Preventing and controlling infection

● We were somewhat assured that the provider was using PPE effectively and safely. We observed some staff were wearing face masks under their nose or chin in the reception area and in offices. Although this was not seen in areas where staff were supporting people, this was not in line with government guidance and visitors passed through reception areas.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● People using the service were supported to maintain contacts with their relatives and friends. A system was in place to support people to have visits from relatives and any other important people in their lives. This system was in line with the latest government guidance.

Staffing and recruitment

● A number of people had one to one support from staff and we saw this was in place. Some relatives and staff told us the use of agency staff could impact on how people's needs were met due to them not knowing people's needs as well as the permanent staff. The provider was taking continual action to recruit permanent members of staff.
● One relative and staff member told us they were particularly concerned about the use of agency staff at night-time. The relative told us, "The problem with the night staff is its agency run, it's just not the same." The home manager was aware of the concern and taking steps to address the concerns by moving some permanent day staff onto nights and getting some one to one support for someone who was unsettled at night.
● The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. This included the completion of a Disclosure and Barring Service (DBS) check and references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The provider used a dependency tool which was reviewed monthly or when there were any changes to people's needs or new people coming into the service. Our observations were there were enough staff to meet people' s needs.

Systems and processes to safeguard people from the risk of abuse
● People and relatives told us they felt safe. One person said, "They look after me well in terms of safety. I feel comfortable here."
● Staff had received safeguarding training and were able to describe the action they would take to report any concerns. One staff member told us, "I would report it straight away. I would come to you or the area manager if I feel it is necessary."
● The provider took action to mitigate risk when safeguarding concerns were raised. For example, some people had been moved to different parts of the home to keep themselves and others safe.
● At the time of our inspection there were some open safeguarding investigations which were being investigated by the local authority.

Using medicines safely
● Systems were in place for the safe handling and storage of medicines. Staff had completed the necessary training and been assessed as competent to administer people's medicines safely. Regular medicines audits where carried out and where shortfalls were identified, actions were taken to make necessary improvements. People and relatives told us they were happy with how medicines were being administered.
● When people needed medicine via a skin patch a system was in place for recording where on the body skin patches were being applied. This ensured the person was receiving their medicines in line with the medicines guidance and reduces the risk of unnecessary side effects for the person.
● Some people required their medicines to be administered by disguising them in either food or drink, this is known as covert administration. We reviewed the information for three people and found the provider had all the necessary measures in place to ensure these medicines were administered safely.

Learning lessons when things go wrong
● The provider had oversight of complaints to analyse any particular trends and take action to address them. For example, they were working to improve the laundry system so people's clothes did not go missing after complaints had been raised. We saw this had been discussed in staff meetings and an action plan was in place.
● The home manager had plans to improve team meetings by discussing oversight of safeguarding's and incidents to share with staff, identify any lessons learned and improve care.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider carried out an initial assessment of people's support needs so they could be sure they could meet the person's needs. Individual choices and preferences were clearly documented within their care plans.
- People's needs were assessed to ensure care was delivered in line with standards and current legislation to achieve good outcomes. This included following advice in assessments from professionals when appropriate. One person had specialist support from an external team. A health care professional supporting this person said, "They've managed [person's] health needs really well.
- The provider ensured they assessed and responded to any fluctuations in a person's needs and involved the relevant professionals to ensure the person received the care they needed. One health care professional told us, "They are very responsive, they have taken any advice we have given on board."

Staff support: induction, training, skills and experience

- New staff received training before starting to work at the service and before shadowing experienced staff. This worked well, as the managers got to know staff before they started to work with people and were able to plan where in the home the member of staff would work well.
- People and relatives told us staff had the skills and knowledge to support them. One person said, "They are experienced, confident and comfortable in what they are doing."
- When the provider used agency staff, they ensured they used the same agency to ensure staff had the correct training to work at the home. This included training in safeguarding, infection control, fire safety, moving and handling and physical intervention.

Supporting people to eat and drink enough to maintain a balanced diet

- People and most relatives were happy with the food. One relative said, "I have been here when food is being served and it looked appetizing. The food was presented to [person] as finger food to make it easier for them to eat."
- People were offered a choice of food at the time of eating. Some people preferred to eat in their bedrooms and this choice was respected. We observed one person refused both choices offered to them requested a sandwich instead. This request was respected, and a sandwich was quickly made for them.
- Information about people's dietary needs and preferences were gathered. Cultural needs were met, for example, one person had halal food and dishes were made especially for them.
- There were a number of people at risk of weight loss at the service. Milkshakes were provided and fortified

porridge to encourage weight gain. The provider also had a system to have oversight of weight loss and we saw referrals to the dietitian had been made. For one person a lunch box with finger food was being used to encourage the person to eat more as they found it difficult to sit down and eat meals.

Adapting service, design, decoration to meet people's needs
● The home was purpose built and had some excellent facilities including cinema rooms on each floor. One person needed specialist support and a part of the home was used for them to ensure they had the space they needed.
● People had memory boxes outside their bedrooms to help them to identify their room. People were encouraged to personalise their rooms, one person told us, "I like it [bedroom] because of the way it is laid out and I have plenty of room."
● There was a bar in the reception area where activities were carried out and people could spend time with their visitors. We saw a singer performing and people and relatives were enjoying their time.
● On each floor there was access to an outside space. We saw people enjoying being outside and one person playing football with a staff member. This had been a previous passion of theirs.

Supporting people to live healthier lives, access healthcare services and support
● People's oral hygiene needs were assessed, and staff received training in how to support people with their oral hygiene. However, daily records were not always completed to evidence the support given. We discussed this with the provider who advised the electronic system would only allow one entry a day and agreed to action this.
● People's care and support took into account their day to day health and wellbeing needs. Staff supported people to take part in activities to promote their wellbeing.

Ensuring consent to care and treatment in line with law and guidance
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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.
● We found DOLS applications had been submitted to the local authority as required by law to deprive people of their liberty in order to protect their health and wellbeing.
● Staff had received training in MCA and DoLS and we saw that staff tried to obtain consent before delivering care and give people as much control as possible. However, some staff were not clear on what DoLs meant. We fed this back to the provider who advised they would do a refresher training with staff to increase this understanding.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and relatives told us the home manager was approachable and they could discuss concerns. One staff member said, "The manager is always super helpful." A relative told us, "[Manager] is really very good, very caring and takes everything on board."
- Some people had moved to the home from other care homes due to a change in their needs and the person needing more support. Relatives told us how they were happy the staff were able to meet the person's needs. One relative told us, "I've been pleased, I feel is the best home we've had for a long time." Another said, "The staff here seem to be managing, [Person] seems to be a lot more settled.
- Relatives shared examples of how person-centred care was provided. One relative said, "They seem to know [person] well, they are so kind and caring. They have developed a method of signing to [person] and they sign back."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to assess and monitor the quality and safety of the service. This included audits of pressure areas, medicine and care records. Action was taken when issues were identified.
- There were a team of managers supporting the home manager, including an area manager, the nominated individual and quality manager. All were clear about their roles and worked together to ensure people received good quality care.
- The current home manager had applied to become the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out surveys to gain people, relatives and staffs views on the service. Following the survey, a meeting was held with people living at the home to discuss the action the manager had taken in response to this. One person told us, "In meetings we are asked for our involvement and participation in things."
- A relatives meeting had been held and a newsletter to keep relatives up to date with what was happening in the home. We received mixed views from relatives about communication. One relative told us, "Communication is very good. Relatives can ring at any time." Some relatives felt communication could be improved and one relative told us they would like to be involved in a face to face review. We fed this back to the home manager who advised face to face reviews had been paused due to the pandemic but was now

being put in place and would happen on a 6-monthly basis.

Continuous learning and improving care: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Where complaints had been raised by relatives these had been looked into and responded to. If improvements were required apologies were made to the relatives and actions were taken to improve the care, including carrying out supervisions with staff.

● The home manager told us they planned to improve team meetings to share with staff any themes and trends identified through the audits and share ideas to address issues and improve the quality of the care.

● In response to concerns raised about staffing at night, the provider had taken steps to address the concerns by increasing the number of permanent staff and reviewing people's needs. Managers also carried out night check visits. We shared the concerns about nights raised and the home manager told us they would continue to carry out these checks to monitor and assess the situation.

Working in partnership with others

● The service worked in partnership with physiotherapists, community nurses and other health care professionals. All the health care professionals we spoke with were positive about the service. One professional told us, "They have understood [person's] needs quite well. You can tell [person] trusts the staff here."