Cherry Garden Properties Limited

Castle House

Inspection report

Castle Street
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Tel: 01805622233

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was a comprehensive inspection and took place on 12 June 2017.

At the last comprehensive inspection, completed in March 2016, we rated the service as overall 'requires improvement'. We issued requirements in relation to care planning, risk assessments and management of medicines. We also issued a warning notice in relation to the risk of fire safety.

We followed this up in a further focussed inspection completed in July 2016. We found fire risks were being monitored and the service had met the warning notice. We also found that although some improvements had been made in respect of medicine management, further improvements were still needed.
The registered manager sent us an action plan to show how they intended to meet regulations.

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 22 people living at the home, including one person who was having a short stay there (respite).

There was a registered manager who had been in post for 12 months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found improvements had been made in the way care and support was being planned for people. This included ensuring any risks were understood, monitored and actions taken to mitigate any assessed risks. Care plans and daily records gave a good account of the needs and the support people had. It included what staff were doing to ensure people's needs and wishes were being met.

There were improvements in medicines management, but records relating to these required further improvements. The service's own audit had already picked up this issue. They had implemented further training and 'spot checks' for staff completing medicine rounds including the records. They had also been completing competency checks on staff skills in relation to medicines and had been proactive when they had identified issues in staff competencies.

There were sufficient staff with the right skills, knowledge and experience on duty to ensure people had effective care and support. People said staff were kind and caring. We observed staff providing support in a respectful and compassionate way. There were good relationships between staff and people who lived at the service. There was lots of laughter and good humour throughout the day.

Staff had the right support and training to do the job effectively. The staff team felt the views were valued and that the management approach was open and inclusive.

Staff understood how to protect people's human rights, ensure any concerns were reported and that people felt safe.

There was a range of activities available for people to enjoy. This included occasional trips out into the local community. Those people who spent most of their time in their room were offered support to try new activities and to help ensure the prevention of loneliness and isolation.

People were offered a wide choice and variety of food. Menus were regularly discussed and amended to include people's preferences. Where people were at risk of poor nutrition due to their health conditions, staff monitored their weight and their daily intake of food and fluid. People whose weight had decreased, were referred to their GP for advice and support with maintaining their weight through supplements.

The service had safe recruitments processes which ensured staff were only employed once their pre-employment checks had been completed. Staff knew how to report possible concerns about abuse.

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 mostly safe.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

There were enough staff with the right skills to meet people's needs.

Medicines were well managed, although improvements were needed in record keeping.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

Is the service responsive?

Good

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly identified and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good

The service was well-led

The home was well-run by the registered manager and deputy who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 June 2017 and was unannounced. The inspection team included one adult social care inspector, two pharmacist inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. We spent time observing how care and support was being delivered and talking with people, their relatives and staff. We met with most of the people living at the home. We spoke with 12 people .. We spent time in communal areas of the home to see how people interacted with each other and staff and to help us make a judgment about the atmosphere and values of the home. We spoke with people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with four relatives who were visiting the service.

We spoke with four care staff, the registered manager, operations manager, deputy manager, two agency staff, housekeeping staff and the cook

We reviewed four care plans and daily records, 15 medication administration records, four staff recruitment files as well as audits and records in relation to staff training and support, maintenance of the building and safe safety records.

We looked at all the information available to us prior to the inspection visits. These included statutory notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Following the inspection we asked for feedback from four health care professionals to gain their views about the service. We received feedback from two.

Requires Improvement

Is the service safe?

Our findings

At the previous inspections completed in March 2016 and July 2016, we found improvements were needed with medicines management and care planning including risk assessments.

At this inspection we found care plans used universally recognised tools to identify risks such as risk of pressure damage, falls risks and risk of poor nutrition. Where risks had been identified measures were put in place to mitigate risks. For example where a person had been identified as being at risk of pressure damage, their plan included what equipment was needed to reduce this risk. This might include pressure relieving mattresses. These were checked daily to ensure they were at the right stetting for the person according to their weight.

The registered manager said they were part of a local pilot being run by nurse educators in looking at falls risks and how to review any trends and look at measures to reduce risks. This included mapping where and when each fall had occurred around the home. Where someone had more than one fall, their care plan would be reviewed to see if they needed a medication review, an assessment for walking aids or increased support when mobilising. Some people had pressure mats in place to alert staff to when they were on the move so they could go and assist them safely. People had walking frames within their reach where appropriate and we observed staff reminding people to use their walking aids throughout the day.

Improvements had been made to ensure people received their medicines in a safe way and at the right time. Care workers used medicines administration records (MAR) charts to record when medicines had been administered. At the last inspection the folder where people's MAR charts were stored was disorganised, with pages loose and falling out. At this inspection improvements had been made. There was a front sheet which detailed people's names, room number and allergies. This front sheet had not been updated when people moved rooms or left the service. We fed this back to the registered manager and they made arrangements to update this.

There were no gaps in the MAR charts we reviewed. When a gap had been identified during an audit these had been highlighted and investigated. There was a daily stock count of medicines when administered; this meant if a MAR had not been signed it was possible to see if the medicine had not been given or if it had been given and not signed for.

There was a system in place for people to manage their own medicines. Risk assessments had been completed and the MAR charts were marked accordingly. Allergies had been printed on the MAR charts but, after comparing to the care plans a couple of records, were not consistent. We have been notified the service has since addressed these discrepancies.

At the last inspection handwritten MAR charts did not have clear instructions regarding frequency of use or the dose required of medicines. They had not been signed to show who made the entry or signed by a second person to confirm its accuracy. All the handwritten MAR charts we reviewed had clear dosing instructions but only five of the twenty three records were dated, signed and double checked. This matter

had also been identified in the weekly audit completed by the service. On the day of the inspection there was no action plan in place to resolve this issue, but following the inspection we were informed this was now addressed and would form part of their audits on medicines for the future.

Creams and other external preparations were applied by care staff. At the last inspection there were concerns regarding the records for topical preparations. Creams and other external preparations were recorded on a separate topical administration chart (TMAR). After reviewing 18 TMAR charts, all body maps had been completed so the care staff knew where the creams needed to be applied and how often.

There were discrepancies in some directions written on the TMAR (topical creams chart) compared to the MAR chart. There were also still significant gaps in the administration records so it was not clear if the cream had been applied. The audits completed by the service had more recently picked up on some of these issues but records still required improvements for them to be accurate and a true picture of how medicines were being managed.
On the day of the inspection there was no action plan in place to resolve this issue, but following the inspection we were informed this was now addressed and would form part of their audits on medicines for the future

There was a system in place for the ordering and the disposal of medicines and records had been completed appropriately. However, two medicines in stock were past their expiry date. . These had not been identified in the stock checks completed. When informed the service removed them from the stock on the day. The clinic room was not locked but all the medicines cupboards and trolley were locked; medicines were therefore secure. The room temperature and fridge temperature had been recorded daily. The records could not provide assurance that medicines were kept within the range specified by the manufacturers. This was because the service recorded one temperature per day and not a maximum and minimum temperature range. This could have a potential impact for a medicine, where the manufacturer advises that it is sensitive to a temperature change.

We recommend the service follows best practice as detailed by NICE social care guidance for record keeping in medicine management.

Each person could also be administered 'homely remedies' (non-prescription medicines that allow staff to respond to people's minor symptoms appropriately). There was a policy in place and a record kept when any medicine was supplied. There were suitable arrangements for storing medicines which required extra security. Regular checks of these were made and no issues were identified.

Protocols for medicines which are to be taken when required (PRN) were available and detailed when the medicines could be given. Competency assessments for the staff administering medicines had been completed. There was also evidence to confirm that action had been taken when standards were not being met.

People's needs were being met by sufficient numbers of staff on duty. This included five care staff, a cleaner, laundry person, cook, kitchen assistant, maintenance person and registered manager plus a part time deputy manager, each morning shift. During the afternoons, the staffing levels were reduced by one care staff and at night there were two awake care staff which was about to increase to three. The registered manager reviewed staffing levels based on people's dependency. When they had known there were gaps in the rota they had used agency staff. The registered manager tried to use the same agency staff to ensure consistency of care. Staff confirmed there were usually sufficient staff available per shift to meet people's needs and wishes. One staff member said "Occasionally when there is sickness we have been short, but it is

a really good team and also the manager and deputy have stepped in when needed." Staffing rotas showed that the preferred staffing levels were being planned for. The registered manager said they were also recruiting more staff to cover any vacancies.

People said staff were sometimes rushed but their needs were met in a timely way. Comments included, "I just wish everything wasn't rush, rush, rush – but I do understand they have work to do", "I feel absolutely safe" and "I feel they are very kind and respectful." One person said they did not always believe there was enough staff on duty and they were not checked very often. We checked their care plan and daily notes and found they were checked at least two hourly but that on occasion they refused support with personal care.

People said they felt safe. One person said "No problem – all kind and very considerate and I feel very safe here." Another said "I feel safer with permanent staff than with agency (staff)." They explained that agency staff didn't always know their needs and they had to explain what support they needed. The registered manager said they always paired agency staff with more experienced staff.

Care staff understood the types of abuse that could occur and how to report concerns. Staff had received training in protecting vulnerable adults and the registered manager understood their responsibilities in working with the local safeguarding team when needed. There was a good audit trail to show how any concerns about possible abuse had been investigated and followed up. Since the last inspection there had been two safeguarding alerts raised by the service. Both showed the registered manager acted swiftly to keep people protected.

Safe recruitment practices helped to protect people. Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form. We were assured that any gaps in employment histories were followed up during the interview process. No new staff were offered employment before all their checks and satisfactory references were received.

Emergencies were planned for. For example, each person had an emergency evacuation plan and regular fire evacuations were carried out to check people understood about what to do if the fire alarm went off. Most staff lived locally so in the event of adverse weather staff would be able to get to the service to provide care and support.

The home was clean and smelt fresh. Some parts of it were in need of refurbishment and there was an ongoing programme to update the decoration and furnishings. The laundry area had some parts which would not be easily washable in the event of a spillage. Since the inspection the service have painted the plinth and other areas of the laundry to ensure surfaces were washable.

Good

Is the service effective?

Our findings

Most people and their relatives were confident they received effective care. One relative said "I have no worries about the care here. Before (name of person) was in another home, that was a different story. I know the staff are good here, they do their best." One person said "It's as good as it could possibly be – I feel very safe." And another said "Castle House delivers medium quality care – probably as good as I'll get for the money. It's not that they don't try – they don't always have the resources."

People were supported to have their needs met effectively by a staff team who knew their needs, preferences and wishes. People said staff knew how to support them. One said "They try their hardest to look after you." One person said they sometimes needed two staff to support them. We checked their care plan, risks assessments and daily records. It was clear this person could be assisted with the help of one member of staff. We gave feedback to the registered manager who agreed to go and talk to them about why they believed they needed two staff to assist them.

People received effective care and support because training was planned and delivered to cover all areas of health and safety as well as more specialised areas. These included diabetes, bowel care, pressure care and end of life care. Staff said they were given training and support to do their job effectively. One said "The training is very good. I know I have some updates to do and they are being organised." The service had a training matrix to show when essential training was last completed and when the next training session should be or was booked in. The Provider Information Return (PIR) stated the service aims to have 100% compliance in staff having all undertaken annual updated training in areas of health and safety as well as service specific training which included dementia care and pressure care. Records showed they were close to being fully complaint with their own target on staff training.

New staff were required to complete an induction programme which included the nationally recognised Care Certificate, if they were new to care. This ensured new staff had a comprehensive induction covering all aspects of care. Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff. This gave them the opportunity to get to know people's needs and the operational ways of working in the service. The registered manager said they were flexible on the number of shadow shifts new staff received. If they need extra time to feel confident and competent in their role, they would ensure more time was given to them shadowing more experienced staff.

Staff said they had regular opportunities to meet with the registered manager to discuss their role and any training needs they had. The PIR highlighted that staff supervision was seen as an important part of ensuring staff delivered effective care. Their aim was to ensure each staff member had five supervision sessions plus an annual appraisal. They said this helped to ensure staff values and behaviours were reviewed and discussed as well as reviewing training needs.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. No DoLS had been authorised at the time of this inspection but there were applications pending. We saw evidence of people's capacity being assessed based on a decision specific basis, in line with the MCA. Best interest decisions were being made with relevant parties involved such as family and healthcare professionals. This included the use of bedrails and pressure mats to alert staff someone was moving about. This helped to ensure people's human rights were upheld and staff were working within the principles of the MCA. Staff confirmed they had received or had planned training in the MCA. Staff worked in a way to ensure people were given maximum choice and decision making in their daily lives. This included what they choose to eat and drink, where they chose to spend their time and how they wished to be supported. Where people had made particular choices about how they wished to be supported, this was documented within their care plan.

People were supported to eat and drink to ensure they maintained good health. People said they enjoyed the meals provided. One person said "The food is very good and I can have tea or coffee or juice whenever I want." One person said although staff do try to encourage them to eat a nutritious diet, they like more traditional food; the cook has even sent out for pizza for them. Another person said
"The cook at Castle House is wicked – very obliging." One person said they did not consider the food sufficiently nutritious. We fed this back to the registered manager who was aware of what this person particular likes and dislikes were and did try to cater for these.

Mealtimes were a relaxed and sociable occasion. Most people ate in the dining room but people were able to choose to eat in quieter areas or their bedroom if they wished. Tables were set with table cloths, condiments and relaxing music was played in the background. People were offered a choice of two main meals and two choices of dessert. The cook said in addition to this they offered a variety of other lighter options and special diets were catered for. One relative said they felt the food choices had "gone downhill in recent months". They said they would like to see more salads and fresh vegetables offered. We fed this back to the registered manager who said these options were offered, but she would review the menu plans to ensure there were plenty of fresh choices of salads and vegetables. There was a four week menu plan which had been reviewed with people and their families at a meeting. The PIR stated "Our survey results indicate that people who use our services rate the quality of food as mostly excellent. This is also recorded in people's' meetings." Special diets were catered for and the cook had a list of who needed a modified diet such as pureed or soft foods.

Care records showed how health care needs were closely monitored and where needed healthcare professionals were called for advice and support. For example, where staff were concerned about people's skin being fragile and prone to pressure damage, community nurses were asked to monitor and advise whether additional measures may be needed to protect the person's skin from damage. People confirmed their healthcare needs were being met. One said "If I want to see a doctor, I just ring the bell and ask and they arrange it." Another said "Optician, chiropodist, hairdresser are all available." Healthcare professionals confirmed staff referred people in a timely way, listened to advice and followed the advice given.

Good

Is the service caring?

Our findings

People and their relatives and friends were complimentary about the caring nature of staff. Comments included, "I feel they are very kind and respectful" and "They try their hardest to look after you."

People were afforded respect, dignity and privacy in the way care and support was delivered by staff. Staff understood the importance of ensuring people were comfortable with their care and support and that this only occurred in the privacy of their own rooms. On one occasion a nurse attended to someone in the lounge but the registered manager ensured there was screen for their privacy whilst a non-invasive treatment was carried out. Staff understood how to ensure people's privacy and dignity were maintained. They spoke to people discretely about assisting them to go to the bathroom. People were dressed in their own clothes and looked well groomed. One person was in need of a shave and we heard several staff members trying to encourage the person to have assistance with their personal care throughout the day. They did this in a kind and sensitive way and respected their choice not to have a shave when asked.

People were referred to by their preferred name. There was lots of laughter and good humour and it was clear staff knew people well, what they enjoyed and what was important to them. For example, staff reassured one person and reminded them their family would be visiting shortly. Another person was heard chatting to staff about places they used to enjoy going to and the staff member spent time reminiscing with them about the places they remembered.

Staff understood the importance of offering people choice and respecting people's wishes. For example one person chose to spend all their time in their room. They requested specific drinks with specific quantities. Staff honoured their routines and offered them opportunities to join in in communal areas. They respected their wish to remain in their own room and checked on them on a regular basis. People confirmed staff knocked on their door before entering.

Staff knew who was important to each person and helped them maintain contact with friends and relatives. Visiting relatives confirmed they were always made welcome and could visit their relative in communal areas or in the privacy of the person's own room. People were supported to personalise their bedrooms and most had a picture on the door with a photo and items of importance to them.

The service had received many thank you cards and compliments about the care provided. These included, "I really feel I must convey my thanks to you and all your lovely staff for the expert and compassionate care.'' Another said, "The last few weeks have been very difficult for us and throughout it all you gave her and us your support and time and showed true professionalism when it was needed most." A third said "A special thank you for all the kindness and care shown to (name of person) during their stay."

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs. For example one person said "It's very nice staying here and the staff are very good." Another said "I have to face up to not being able to be at home so this is the second best thing to being at home."

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. Wherever possible a pre admission assessment of needs was completed prior to the person coming to live at the service. This was then used to develop a comprehensive care plan involving the person and their family and previous care givers if appropriate. Care plans included healthcare needs, personal care, communication, mobility, night time support, mobility, nutrition, activities and interests and any end of life care wishes. People and families were encouraged to help complete a biography called 'all about me'. This helped to detail what the person had enjoyed doing in their past, who was important to them and what sorts of things they enjoyed doing in their social life. This type of detail helped staff to understand the person rather than just their health or personal care needs. It was clear from talking with staff, they did have a good knowledge of people's backgrounds, like and dislikes. This helped them to personalise the support they were providing.

Staff confirmed they referred to people's plans to ensure they deliver the right care in a consistent way. Any small changes to people's needs were discussed with staff following each shift. This showed the service was responsive to people's needs and any changes to their needs.

People were supported to enjoy a range of activities either as a small group or as individuals. The home employed an activities person who worked three to four days per week. They set up group activities in the main lounge as well as spending time with people in their own rooms to help avoid social isolation. People said they enjoyed quizzes, games exercises and regular entertainers coming to the home to sing and music. The Provider Information Return stated, "We have formed links with the local community and the residents regularly go to the local 'Plough theatre', to the cinema or other activities such as tea dances or theatre performances." The activities coordinator knew about people's past social lives and talked about having trips to the local theatre for people who had enjoyed the arts and preforming.

People's spiritual needs were considered and visiting clergy offered services and Communion. Some people were assisted to go to their local church with support from family and volunteers. Staff said they would facilitate people's diverse needs as best they could and one talked about spending time with individuals talking about their past and their beliefs for the future.

People's views were sought in a variety of ways. This included being involved in the review of their care plan, regular resident meetings and one to one discussions with staff. People said they felt able to voice their opinions and views easily. Comments included, "I can speak freely and can tell the manager of any concerns", "I'm not afraid to say what I want – not afraid to speak my mind"

The service had a complaints policy and this was made available to people in public areas as well as in their

pack when they first moved in. The registered manager kept a detailed log of complaints received and what she had done to resolve any complaint issues. For example one person had complained about the attitude of a member of staff saying they had been abrupt. The registered manager gathered information about the incident, apologised to the person and spoke with the member of staff about the need to respect people at all times. This showed the complaints system was effective and considered all aspects of people's complaints and concerns.

Good

Is the service well-led?

Our findings

People and staff expressed a high level of confidence in the management of the home. People said they knew who the registered manager was and they were available to talk with. One person said "It's pretty well run considering the restrictions – don't think there's enough money. I asked ages ago if I could have some shelves and my room painted." Another said "I can speak freely and can tell the manager of any concerns." Similarly staff agreed the management approach was open and inclusive. One staff member said "You can go to (name of manager) about anything, she is really good, she tries her best and does listen to us." Another said "We are a good team here and the manager and deputy are very good. They listen to us." Staff confirmed they felt valued and appreciated for their work.

People's views were sought in a variety of ways. This included staff spending one to one time with people, meetings and through surveys. Relatives we spoke with also confirmed their views were considered. One relative said "I feel like they are part of my family support. They are very good and they do listen to us." The service also used surveys to check the quality of the service and gain people's views. The Provider Information Return (PIR) stated "At our most recent survey 94 of people said that they felt that their views and wishes were acted upon and 82% felt that they had a good level of information given to them regarding the home's complaints procedure.''

The registered manager said, "Our ethos is one of empowerment, inclusion and person centred care. Key to this is that everybody understands the principles of equality, diversity and human rights and is able to put these into practice." It was clear from our discussion with people who lived at the service and staff that people were being fully supported to have as much choice as possible and that staff were working in a way which ensured as far as possible, people received person centred care. Staff said they believed the registered manager led by example and the ethos of the service was discussed and shared. Staff also said that training was seen as key to offering quality care and support. The registered manager said she kept up to date with best practice via training, publications, Care Quality Commission (CQC) website and networking with other providers and professionals. They said they had been used as a pilot service for some of the projects set up by nurse educators. This included falls risk assessments and plans.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. There was evidence learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. Prompt actions were taken where audits identified issues. For example The medicine audit had identified issues and further training and support had been organised as wells as more in depth monitoring and checking of staff competencies.

The service maintained good links with the local community. This included the local theatre and organisers of the May carnival.

The last inspection report was prominently displayed for people and visitors to see, together with the full report.