Care Quality Commission

Sanctuary Care Limited

Castlecroft Residential Care Home

Inspection report

Castle Road, Weoley Castle, Birmingham B29 5HF
Tel: 0121 471 1700
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Date of inspection visit: 11-12 December 2014
Date of publication: 05/03/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Our inspection took place on the 11 and 12 December 2014. The first day was unannounced so no one knew we would be inspecting that day. We last inspected the home in December 2013. At that inspection we found no breaches of legal requirements.

Castlecroft is registered to provide accommodation and personal care to a maximum of 64 people. On the day of our inspection 62 people lived at the home. People living there had a range of conditions related to old age. Accommodation is purpose built and is arranged over three floors.

A manager was registered with us as required by law. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

We found that staffing levels did not always ensure that people's needs were met in the way that they wanted them to be. We identified a breach in the law concerning this. You can see what action we told the provider to take at the back of the full version of this report.

Staff were not always following the Mental Capacity Act 2005. The provider had not made an application under the Mental Capacity Act Deprivation of Liberty Safeguards for all people who may have had their liberty restricted. The requirements of the Deprivation of Liberty Safeguards (DoLS) is a legal framework that may need to be applied to people in care settings who lack capacity and may need to be deprived of their liberty in their own best interest to protect them from harm or injury. We identified a breach in the law concerning this. You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe living at the home. There were systems in place to minimise the risk of abuse. Staff we spoke with understood that they had a responsibility to take action to protect people from the risk of harm.

People told us that they received their medication on time and in a way that they wanted. Arrangements in place ensured that medication was stored safely.

Staff knew about people's needs. However training had not always been effective in ensuring staff have all the skills and knowledge they needed to provide safe and appropriate care to people.

People received the drink and food they needed to reduce the risk of dehydration and poor health. However, some people told us that the choice and quality of food could be improved. If people needed staff support to help them eat, this was provided.

People told us that staff listened to them and they knew how to raise concerns. The provider had a complaints system that was made available to people. However, the arrangements in place for listening and learning from concerns had not always been effective.

We found the overall quality monitoring processes required improvement to ensure that the service was run in the best interest of the people who lived there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe

Arrangements for managing staffing levels did not ensure that people's needs would be met in a way that they wanted them to be.

Arrangements were in place to minimise the risk of abuse. Staff understood their responsibility to recognise and reports signs of abuse.

Arrangements were in place so that medicines were managed to a safe standard.

Requires Improvement

Is the service effective?
The service was not effective

The Mental Capacity Act Deprivation of Liberty Safeguard (DoLS) had not been followed consistently. This did not ensure people's rights had been protected.

The training of staff had not always been effective to ensure staff were equipped with the knowledge and skills needed.

Requires Improvement

Is the service caring?
The service was caring

People and their relatives described the staff as being kind and caring.

People told us that staff respected their privacy and dignity and we observed this.

Good

Is the service responsive?
The service was not consistently responsive

People told us that they knew how to raise concerns. Arrangements for listening and learning from complaints and concerns were not robust to ensure lessons had been learnt.

People had the option of taking part in some recreational activities and their own hobbies and interest, which they enjoyed.

Requires Improvement

Is the service well-led?
The service was not consistently well led

A manager was registered with us as required by law.

Monitoring systems were not always timely and robust and did not ensure that learning from incidents had taken place.

We saw that management support systems were in place and staff could ask for advice and assistance if needed.

Requires Improvement

Castlecroft Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 and 12 December 2014. The first day of our inspection was unannounced. The inspection team included two inspectors. On the first day of our inspection we focused on speaking with people who lived in the home, staff and observing how people were cared for. One inspector returned to the home the next day to look in more detail at some areas and to look at records related to the running of the service.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported during their lunch and during individual tasks and activities.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from Birmingham Local Authority who are responsible for monitoring the quality and funding many of the placements at the home. We used the information to inform our inspection.

During our inspection we spoke with 12 people who lived at the home, five relatives, nine staff including care staff, senior care staff and catering staff, three healthcare professionals and the registered manager. We looked at six people's care records, safeguarding records, maintenance records, audits, complaints records, medication records and sampled six people's care records.

Requires Improvement

Is the service safe?

Our findings

People that lived at the home and staff told us that there were insufficient staff at times to meet people's needs. One person told us," They are short of staff today I couldn't get up until 10.00 there was no staff to help me. I like to get up early". We asked if this happened every day and they told us that it happened occasionally. Another person told us, "I feel a bit rushed at times, it's not their [staff's] fault". Most staff that we spoke with told us that staffing levels could be improved and staff told us that they felt rushed at times. Staff told us that the needs of some people who had recently moved into the home were more complex and that more staff were needed. A staff member told us, "Some people need two staff to help them. We are just too rushed at times. We are trying to supervise breakfast and get people up, it is just too much". Another staff member told us, "I know that we cannot always give the care and supervision that we need to give to people because of staffing levels". We saw on the first floor that staff were not always available to respond to people asking for help to go to the toilet or requests for assistance. We needed to find staff to respond to these requests. We saw on the second floor that some people with high support needs who were unable to summon help, were left unsupervised for long periods of time in a communal area without any staff checking on their wellbeing and safety. The manager told us that staffing levels were based on people's dependency levels and were agreed in consultation with her senior managers. We found that the arrangements for staffing levels were not always adequate to ensure people's needs were met safely. This was a breach of regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010.

People who could tell us told us that they felt safe. One person told us, "I feel safe here, I didn't like living on my own". A relative told us, "We are very happy that [person's name] is living here and they are safe".

All staff spoken with knew how to respond to allegations or incidents of abuse, and staff also knew the lines of reporting within the organisation. Five staff members told us that they had completed safeguarding training and two staff members were unsure if they had completed this training. Training records looked at confirmed that the training was available to all staff as part of an on line learning package. Senior staff we spoke with told us that they understood their responsibility to challenge poor practice and to share information of concern with external agencies. They told us that there was safeguarding guidance and procedures available to them to refer to in the staff office, if they needed to.

The records we hold about Castlecroft showed that the provider had told us about any safeguarding incidents. There had been a number of safeguarding alerts related to missing personal items. There had also been safeguarding investigations related to poor practice by staff members. The provider had taken the appropriate disciplinary action to ensure people who used the service were protected.

Some improvements were needed regarding systems used to prevent people being at risk from untoward events and injury. Staff told us about how they managed some of the risk's people presented and how these were managed safely. However, some staff were not aware of what action they needed to take to prevent some risks from happening. We saw two staff members did not follow a person's moving and handling guidelines to prevent the risk of falling. We saw that people's care records included risk assessments for specific risks to their safety for example the risk of falls. However, these were not always updated following an incident or injury. We also found that the monthly falls analysis did not detail the action taken to prevent or minimise further falls. This showed that systems to minimise risks to people were not always effective.

All staff that we spoke with told us what they would do in the event of an emergency situation so that prompt action would be taken to keep people safe. They told us that senior staff were always working in the home and they would take the lead in the event of an emergency or untoward incident taking place. This showed that staff was clear of their role and responsibility to keep people safe in an emergency situation.

We spoke with three people about the support they received from staff to take their medication. One person told us, "The staff bring me my tablets on time and I know what I am taking." Another person told us, "I get my tablets on time. I don't ask what they are for". We spoke with a senior staff member responsible for medicine management who told us the steps they had taken to ensure people were supported to take their medicines safely. We saw that medicines were stored safely and records were kept of medicines received. We looked at six people's Medication

Requires Improvement

Is the service safe?

Administration Records (MAR) and we saw that these had been completed to confirm that people had received their medicines as prescribed. This showed that systems were in place so that people received their medication safely.

The home provided support to people who wished to manage their own medication. We spoke with one person who told us, “I manage my own medication, I wanted to, I keep my medication in my room and staff ask me if everything is okay”. The staff had carried out a risk assessment to identify the risks posed to the individual. However the risk assessment did not reflect the current practice and safeguards in place to minimise any risks to the person. The manager took action to update the risk assessment at the time of our inspection, so that any risks posed were managed safely.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005(MCA) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Local Authority for authority to deprive someone of their liberty. We, CQC are required by law to monitor the operation of DoLS and to report on what we find.

The manager told us that an application for a person who lacked capacity had been made to the local authority and was granted. However, we saw that recommendations made to protect the person's rights had not been followed in full. We saw that there were additional people living at the home who lacked capacity and also received close supervision and their freedom of movement was restricted, to keep them safe. However DoLS applications had not been made for those people. This was a breach in regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2010.

Five of the seven staff that we spoke with had some knowledge of MCA and DoLS and they told us that they had received some training in this area. Four of the seven staff we spoke with were not aware of the safeguards in place that had been authorised by the local authority to keep a person safe. We saw some practices that indicated that staff did not understand the needs of people with dementia so that they would be able to engage effectively with people. A recent safeguarding investigation had highlighted the need for staff training on pressure care management. A health care professional told us that the staff would benefit from further training on dementia awareness so they had a greater understanding of people's care needs. This showed that arrangements for staff training had not always been effective at ensuring staff had the skills and knowledge to carry out their role.

All the staff told us that there was a supervision structure in place. Staff told us that they could speak with senior staff or the manager if they needed to and that they were supported in their role. The manager told us that steps had been taken to improve the frequency of supervision so that regular and effective staff supervision takes place.

Processes in place to prevent the risk of people's condition worsening were not always timely and robust. We found that staff had taken action initially to refer a person to external health care professionals when they were concerned about a person's health. However, the follow up care by a number of staff over a number of days had not been effective and led to deterioration in the person's condition.

People we spoke with told us they could see a doctor if they needed to. A person who had recently moved into the home told us that the manager was trying to arrange their registration with a local surgery. One person told us, "If I was not well I know I could see a doctor". Two relatives told us that they were satisfied with how staff had managed their relative's health care and had kept them informed of any health care input that had been needed. People were registered with one of three local GP practices. The manager and one of the GP practices told us that they were involved in discussions about people attending the surgery for medical appointments. The manager told us that relatives or a staff member would support a person to attend the GP practices if this was appropriate. The GP practice told us that they were being called out to the care home to see people who could have attended the surgery. This needed to be resolved so that the wellbeing of people living in the home was not compromised.

People and their relatives told us that they were happy with the care that they received and they had been consulted about their care. One person told us, "The staff asked how I want things to be done and I signed my care plan". Three relative's told us that they had been involved in their family members care. This showed that some steps had been taken to involve people and their representatives in planning their care.

We had comments from four people saying that the quality of food and the choices available could be improved. One person said, "The food choice could be better. I like traditional food. However the choice may be pasta or something like that and we don't really like it, it gets thrown away". Another person told us that you can ask for something different but you needed to remember to do this in advance and that they sometimes forgot to do this. We also received many positive comments including. "The food is very good. I am on a special diet and it is managed well". Another person told us, "I like the food". We saw that two choices were offered at each meal time. We spoke to the chef who confirmed that menus were determined at organisational level although alternatives to the menu

Requires Improvement

Is the service effective?

would always be catered for. We spoke to the chef about catering for different dietary needs and he told us and records confirmed that this information was made available so these needs were met. We observed that the meal time was pleasant and that people who required assistance were supported in an appropriate way. Staff that we spoke with understood the importance of offering food and drink to promote good health and prevent deterioration in people's condition. We saw that people were weighed regularly and referrals were made to health care professionals where a concern had been identified. This showed that staff understood the importance of ensuring that the risks associated with dehydration and poor nutrition were managed.

Good

Is the service caring?

Our findings

We saw one incident where people were not treated with respect by a staff member. The staff member was hurried in their manner and disrespectful towards people living in the home. We shared this information with the manager who agreed to address these concerns, and confirmed to us after our inspection that they had. All other interactions we saw throughout the inspection showed that staff treated people in a kind and respectful way. One person told us, "The staff are kind and pleasant to me." A relative told us, "The staff genuinely care I see a lot of interactions between staff and residents and they are good even in difficult situations".

People told us that they were involved in making decisions about their care. One person told us, "The staff asked me lots of questions when I first moved in about how I like things done and what I like doing". Another person told us, "The staff do ask you about your care". This showed that people were involved in decisions about their care.

We saw that people's privacy and dignity was promoted. We saw that people were able to spend time alone in their bedroom and there were several choices of communal areas where people could chose to sit, if they wanted to. We saw that staff ensured that toilet doors were closed when they were in use. We also saw that staff knocked on people's doors before attending to their care. We saw records of staff meetings that had highlighted that staff must ensure that they use people's preferred form of address as recorded in their care records, when speaking to people. This showed that people's privacy and dignity was recognised and promoted.

People told us that friends and relatives were able to visit at any time without restrictions. Relatives told us they were free to visit at any time and that staff made them feel welcome. We saw that relatives were welcomed by staff and staff made time to talk to relatives. A relative told us, "I visit at different times and staff always make me feel welcome". This showed that people were able to maintain contact with relatives and friends.

People we spoke with told us that they felt that staff knew them and were aware of their needs.

One person said, "The staff will have a little chat with you, they are okay". Most staff that we spoke with could give a good account of people's individual care needs. Records that we looked at had some information for staff to refer to about people's history, family and interests so staff had a greater understanding of people's needs.

The provider had considered people's individual mobility needs. A passenger lift was available that enabled people to move between floors. Specialist showering and bathing facilities were available that enabled people to maintain their independence and receive safe personal care.

Requires Improvement

Is the service responsive?

Our findings

People who could tell us told us that staff consulted with them about their care and preferred routines. One person told us, "I can go to bed and get up when I want to". A relative told us that they had been asked about [person's name] care needs and likes and dislikes before they came to live at the home. They told us, "The staff are aware of [person's name] needs, and they are much happier and settled living here." Another relative told us, "I have no concerns about anything here. [Person's name] is happy and content."

Relatives told us that staff had been responsive to information given to them to ensure that people's needs where met. A relative told us, "The manager assessed [person's name] needs before they came to live here. They asked all about how they liked their care needs to be and their likes and dislikes". We saw from looking at records that people who lived at the home and their families had been included in developing the care plan. The care plans included information about people's likes and preferences so staff had information about the person and not just their care needs.

During our inspection we saw that people were supported and encouraged to partake in activities. We saw that some people were involved in an indoor soft bowls game, some people had their nails painted and some people watched a film. We had mixed comments from people about the range of recreational activities that were offered. One person said, "Not much goes on here". Another person told us, "They plan something but it gets cancelled". We asked people about their individual recreational needs. One person told us, "I like to do my knitting". We saw another person looking at a book and they told us that the staff had given it to them and they enjoyed reading. Many people told us that they enjoyed the garden in the summer months and we saw pleasant grounds were provided. The manager told us that they had plans in place to improve the recreational activities and resources in the home and would be focusing on providing suitable and appropriate activities for people with dementia care needs. A room designed in the layout of a 'pub' was under development at the time of our inspection and was scheduled to be open to people to use by January 2015. This showed that steps had been taken to improve and develop the individual recreational and social needs of people.

We observed that people were supported to continue their preferred religious observances if they chose to. Staff told us that people were able to practice their faith or religion as they wished. Some people were supported to attend religious services in the local community and also religious representatives visited people at the home. This showed that people's social and spiritual needs were respected by staff and taken into account.

The arrangements for listening and learning from people's experiences, concerns and complaints were not always robust to ensure learning or improvements would take place. All the people we spoke with and their relatives told us that they knew how to raise concerns if they were unhappy about something. Two formal complaints had been received by the provider since our last inspection. We saw records confirming that these had been investigated in line with the provider's complaint procedure. A relative told us that they had recently spoken with the deputy manager about their concerns with their relatives care. We saw that this was not recorded in the complaints records. The manager told us that this was because it was not a formal complaint, but the concerns had been dealt with. We saw in staff meeting minutes that staff were told about concerns that had been raised by two relatives about people's care. These were also not recorded in the provider's complaints records. A comment book was available to people and residents to record any 'niggles' and we saw that the manager had recorded a response in the book to these comments. The recording of low level concerns and the action the provider had taken would demonstrate that people were listened to, and provide evidence that learning had taken place.

Requires Improvement

Is the service well-led?

Our findings

The provider had a clear leadership structure which staff told us they understood. The previous registered manager left in May 2014. The deputy manager was appointed as the manager and was registered with us, as they are required to be. There were no breaches in the conditions of registration. This showed consistent leadership had been present in the home.

People who could tell us and their relatives said they knew the registered manager and would be confident speaking to them if they had any concerns. During our inspection we saw that people and relatives spoke with both the registered manager and deputy manager who were approachable and visible around the home.

We found that support systems were in place for staff. Staff told us that the manager was very approachable and that they were confident that she would act on any concerns they had about bad practice. A staff member told us, "The manager is very approachable and easy to talk to". Staff told us that staff meetings took place. We saw the minutes of some recent meetings and they showed that these provided the opportunity for staff to discuss care practice issues and was a forum to promote good standards of care and drive improvements.

We saw systems were in place for the internal auditing of the quality of the service but these were not always effective. The provider had identified and taken steps to improve systems for communication, staff support and supervision. However, they had not identified the shortfalls we saw regarding safe staffing levels, and the MCA had not always been followed. We also found that systems in place for the recording of incidents, accidents and complaints were not always effective so that learning from incidents had taken place.

People and their relatives had been asked to complete surveys about how they rated the home. The results had been analysed and showed that the feedback about the home was favourable. However, communication in the home had been highlighted as an area for improvement. The manager told us that as a result of the feedback she had taken steps to ensure regular residents and relatives meetings took place. One person told us, "I have been to a meeting and we talked about different things to do with the home." The manager had also introduced a weekly activity plan which was displayed in the home and given to all residents to improve communication about activities taking place. The manager told us that they were in the process of implementing a 'newsletter' to improve general communication systems in the home. This showed that some action had been taken to listen to people's views and make improvements.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered manager had informed CQC of significant events in a timely way. This showed that the manager was aware of their responsibility to notify us and we could check that appropriate action had been taken.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The provider had not ensured that suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The provider had not taken proper steps to ensure that at all times, there are sufficient numbers of suitably qualified persons employed for the purpose of carrying on the regulated activity.**