

Pebblestones Limited

Casterbridge Lodge

Inspection report

Winterbourne Steepleton
Dorchester
Dorset
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Casterbridge Lodge is a residential care home in Winterbourne Steepleton, a village in south west Dorset, five miles away from Dorchester the county town of Dorset. People are supported in a detached adapted building across two floors. The home provides personal care and accommodation to up to 35 older people. At the time of our inspection there were 29 people using the service.

Although registered with the Care Quality Commission (CQC) to provide nursing care at the home, the provider had made the decision not to provide nursing care at the home.

People's experience of using this service and what we found

People and their relatives spoke positively about the home and the staff. Comments included, "The staff are very friendly" and "The guys at Casterbridge have been absolutely amazing. They're brilliant people."

Staff were not always deployed within the home to ensure there were enough staff with the skills to meet everybody's needs. Improvements were made during the inspection to improve staff deployment and numbers.

Although staff had completed the providers mandatory training, they had not always received a robust induction and had their competency assessed. Recruitment processes needed to be more robust to ensure employment gaps were always explored and demonstrated who had given new staff a reference.

Risks to people were regularly reviewed. We were not assured people were receiving adequate diet and fluids. The system to monitor people identified at risk of malnutrition and dehydration was not robust. Staff were not completing diet and fluid monitoring charts and the oversight by the senior staff was not identifying if people had received a poor input.

Staff did not always promote people's independence, choice and dignity and ensure people were always shown respect. People's did not always receive personalised care and were not always involved in planning their care.

People and relatives were positive about the food at the home. Improvements were needed to ensure everybody had a good dining experience. People had the opportunity to undertake activities, but these were not always meaningful.

People usually received their medicines safely.

People were supported by staff who had received safeguarding training and were aware of the different types of abuse.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Accidents and incidents were, on the whole, managed appropriately. Each accident or incident was reviewed by the registered manager to ensure staff had taken appropriate action. After a discussion they said they would be looking at potential trends to be identify and minimise the risk of future incidents.

Environmental risks were managed well. This included fire checks and drills and regular testing of fire and electrical equipment, and maintenance issues being dealt with effectively. A lot of refurbishment had taken place across the home with further improvements planned. Improvements were made during the inspection to check water temperatures to ensure people were not placed at risk of being exposed to hot water that could scald them.

The registered manager had a monthly program of audits which had been completed. However, it was not clear actions had been taken when areas of concern were identified. Improvements were made to ensure actions were clearly recorded. Where the audits had not identified the areas of concern we highlighted, an action plan had been completed to improve the auditing and quality monitoring at the home.

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

Rating at last inspection

This service was registered with us on 23 September 2021 and this is the first inspection.

Why we inspected

This inspection was carried out as it is a newly registered service.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Casterbridge Lodge

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 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

This inspection was undertaken by two inspectors. An Expert by Experience spoke to relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Casterbridge Lodge is a 'care home' with nursing care. People in care homes receive accommodation, personal and nursing care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered under the current provider. We sought feedback from the local authority's quality team. We used the information the provider sent us in the provider information return (PIR). 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. We used all this information to plan our inspection.

During the inspection

We spoke with nine people and 13 of their relatives. We also spoke with 14 staff including the registered manager, the deputy manager, senior care staff, care staff, activities person, a housekeeper, the cook and the maintenance person.

We contacted six health and social care professionals who support people at the service to ask their views, we were able to get feedback from three of them.

We reviewed a range of records. This included three people's care records and a sample of medication records. We looked at a variety of records relating to the management of the service, including training records, incident records, complaints, compliments, two staff recruitment files, supervision program, quality assurance processes and various policies and procedures.

After the inspection the registered manager sent us additional information about the service provided at Casterbridge Lodge and actions they had taken as a result of our feedback.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- A range of risk assessments were in place and had been regularly reviewed. These included assessments of mobility, skin integrity and malnutrition.
- When people had been identified at risk of malnutrition or dehydration, they were placed on monitoring charts. These monitoring charts were not always effective. Staff had not always completed them and were not advised about people's required dietary or fluid targets. The charts were not monitored to ensure people received enough fluids and diet. For example, one person had been identified as at risk of malnutrition and was being weighed weekly. Their diet chart was poorly completed and did not demonstrate they had been offered enough food. Another person with a catheter had urine which was very concentrated and therefore was not receiving enough fluids and was at risk of dehydration. Their monitoring chart had a very low fluid intake recorded and no output even though two senior staff said staff should record this.
- Staff were not always recording on the designated body map, when people had broken areas of skin.
- Senior staff were required to monitor these charts but could not tell us a required fluid target for this person. By the second day of our visit significant improvements had been made, staff had received supervisions about the importance of recording, fluid targets had been put in place and a more robust procedure to monitor people's diet and fluid intake.
- To minimise the risks of some people falling, sensor mats were being used to alert staff when they were up and about. However, these mats were not always positioned in the correct place. This meant if someone did get out of bed, they might not activate the sensor mat and set off an alert and staff would not be there to support them.

Monitoring processes in place had not protected people from receiving unsafe care and treatment and prevent possible avoidable harm or risk of harm. We found no evidence that people had been harmed however this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Moving and handling and fire prevention equipment was serviced in accordance with regulations. At the time of the inspection the fire panel had identified a fault, the registered manager was working with an external fire contractor to get this resolved.
- Environment checks were being carried out. During the inspection the registered manager added water temperature checks to ensure people were not placed at risk of being exposed to hot water that could scald them.
- People's care plans had personal evacuation plans (PEEPs) in place. PEEPs contained important

information such as people's mobility, their equipment needs and if they required assistance in an emergency.

Staffing and recruitment

- Staff were not always deployed within the home to ensure there were enough staff with the skills to meet everybody's needs. On the first day of the inspection, one newly recruited staff member was left supporting people in the first-floor communal area with their lunch. The mealtime was chaotic and was not safe and placed people at risk. The registered manager said there should not have only been one staff member supporting lunches on the first floor. On the second day of our visit the registered manager had taken action and had increased the amount of staff from six to seven each day. They had added, as part of their daily routine a review of staff allocation to ensure there was a good skill mix. They said they had seen an improvement at the home, since they had increased the number of staff on duty.
- The registered manager said they nearly had a full team of staff and had not needed to use agency staff in the past few months as their own staff had undertaken additional duties to fill any gaps.
- Improvements were needed to ensure new staff were recruited safely. Records showed most required pre-employment checks had been carried out including criminal record checks. We discussed with the registered manager that they had not explored one staff members employment history, where we found a gap. They added this check to their recruitment checklist to review new staff employment histories and explore any unknown employment gaps.
- Both staff files we looked at contained verbal references and it was not clear what position these referees held at the staff members previous employment. We spoke with the registered manager about ensuring they had references from previous employers when they had worked previously in health and social care.

Using medicines safely

- Medicines were managed safely. Staff administering medicines wore a red tabard reminding people not to disturb them, to minimise the risk of making a medicine error.
- Staff had training in safe medicines handling. They also had competency checks to make sure they gave medicine safely.
- There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security and refrigeration. People's medicines were stored in medicine cabinets in their rooms. Staff monitored the temperature of the medicine fridge to ensure medicines requiring cold storage were stored correctly.
- We discussed with the registered manager and deputy manager that we had observed people had been woken up to receive their morning medicines. We were told the night staff do not usually give people their medicines, this was an unusual occurrence. However, for the four days prior to our second visit some medicines had been administered by the night staff. This posed a risk to people if they needed their medicines at consistent times and if some medicines needed to be taken with food, e.g. aspirin. We asked the management team to discuss with their pharmacist appropriate times for medicines to be administered. After the inspection we had confirmation this was being discussed with the pharmacist to ensure good practice.
- Regular medicine audits were completed; where errors or concerns were identified, action was taken.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. People told us they felt safe and well looked after. A person told us, "I feel safe and comfortable". A relative told us, "There are usually three or four staff in the main room, and they are quick to react to any incidents." They added, if people were becoming agitated, they noticed "staff would intervene and distract them straight away in a calm manner, ensuring the safety of other residents". Another relative told us, "I think mum's safe there because there's always staff around. I

don't worry about her being there."

- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns and were confident that action would be taken if they reported any concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Improvements were made during the inspection to the management of the laundry. A separate area in the home was allocated for clean laundry once it had been washed so it was kept away from soiled laundry.
- 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.

Visiting in care homes

- In line with current government guidance the home was open to visitors. There were no restrictions to movement around the home.
- Relatives confirmed they had been able to visit their relatives. Comments included, "I can visit when I want to. There's always staff around."

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Records showed that appropriate actions were taken by staff following any accidents and advice was sought from other health professionals when needed. The registered manager reviewed all of the accident and incident reports to ensure staff had taken appropriate action. We discussed monitoring accidents and incidents to identify any possible themes and trends. The registered manager said they had not been monitoring staff response times to call bells to see if these correlated with incidents. They said they were working with the call bell provider regarding being able to do this.
- The registered manager and deputy manager responded very promptly to areas we discussed at the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received the provider's mandatory online training. However, staff's understanding of the training and competence was not assessed or monitored to ensure they had followed the training they had received. Relatives gave us mixed feedback about their views about staff skills. Comments included, "The staff are competent" and "Some of them could do with a bit more training, especially with the Alzheimer's."
- Staff did not receive a comprehensive induction when they started work at Casterbridge Lodge. Records showed that within a couple of days of working at the home a 'manager's competency tool' had been completed for staff new to care to show they were competent to provide safe care to people. We observed that not all staff were competent. For example, a staff member left a person's meals for them when they were laid down in bed and did not support them to sit up safely. Staff confirmed this person should be supported to sit up before eating. The 'managers competency tool' had been completed for this staff member and stated they met the standards of 'nutrition and wellbeing'. This meant this was not a meaningful document. The registered manager took action regarding this concern and improved the competency tool to ensure staff were observed as competent a number of times for each section before being signed off. They told us they were reviewing all staff to ensure they had the skills required to support people safely.
- New staff had not identified a person's changing presentation. During the inspection the inspector spoke with a person who said they were not well and felt dizzy. Staff had not recognised this person was unwell. We highlighted our concern to the management team who were very responsive and supported the person appropriately and spoke with their GP.

The provider had failed to ensure their induction programme prepared staff for their roles and ensured they demonstrated acceptable levels of competence to carry out their role unsupervised. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had scheduled additional training for epilepsy and Parkinson's.
- Staff agreed to the provider's supervision policy of six supervisions a year. We saw staff received regular supervisions with the management team and had the opportunity to discuss development and any issues identified.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to joining the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking,

mobility and communication. The registered manager told us they were careful to take people they had the skills to manage.

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

- People and relatives were positive about the food at the home. One person told us "The chef is excellent; it is all correctly cooked. Food makes a difference." Relatives comments included, "If mum doesn't like what's on the menu, the chefs always accommodates her by making a soup or something else", "There's always food and drink available" and "The food is nicely cooked."
- People's dining experience varied across the home. On the first day the mealtime experience on the first floor was very poor and chaotic, with one staff member supporting the whole room. People had an improved mealtime experience on the second day.
- On the first day at lunchtime people were not aware of the menu choices and staff could not tell people the dessert option until it arrived. Staff said people had been asked for their meal choices the previous day but as some people had memory difficulties they had forgotten. On the second day of our visit menu blackboards were in each communal space advising people of the menu for the day.
- The cook knew people well and had a good understanding of people's dietary needs. However, the process to monitor people's diet and fluid intake was not robust.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people's needs well and discussed changes with the management team. The deputy manager worked with external professionals to ensure people's health care needs were met.
- Relatives was positive about the care their relative received and were confident their specific health care needs were met.

Adapting service, design, decoration to meet people's needs

- The new provider had undertaken a lot of refurbishment at the home since they had taken it on. This included, a new boiler, new roofs, new fire doors, bedrooms had been refurbished and had ensuite facilities(except one). The work was ongoing, at the time of the inspection a new wet room was being installed, cladding was being added to bathrooms to improve infection control risks and new flooring was scheduled for the first-floor lounge.
- Some people at the home had a dementia diagnosis and might forget the layout of the home and might not be able to find areas important to them, for example the toilet. We discussed signage with the registered manager and on the second day, signage had been ordered and temporary signage had been put around the home to advise people.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. The deputy manager knew how to help people to make decisions if they did not have the capacity to make a decision for themselves. When a person lacked capacity to make a decision, a best interest decision was made on their behalf. However, these best interest decisions not detailed regarding the need for restrictions being implemented. They were all completed on the same day for people and did not demonstrate that people who might be relevant in the decision making had been consulted.
- On the whole people were asked for their consent before staff assisted them. For example, we saw staff asking people if they needed any help and asking for their consent before providing care.
- The provider required staff to gain consent for people's photographs to be taken. These were so staff could use the persons image to ensure the right person received their medicines. Staff had also gained consent for people's images to be used on the provider's website. We saw staff had gained this consent for one person without capacity from a relative who did not have the legal power to make decisions on their behalf. No best interest decisions had been considered as to whether it was in the persons best interest. The registered manager said they would remove the consent requirement from people's paperwork.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Staff did not always promote people's independence. On the first day of our visit we heard on many occasions staff telling people to sit down and a staff member arriving with a person's lunch and not speaking but telling them to open their mouth for their lunch. They did not engage with them in a meaningful way or try to understand why they wanted to get up.
 - The majority of staff were respectful to people. However, some staff were heard discussing things with each other of no importance to the person while supporting them with personal care. This was disrespectful as they had not included the person.
 - One person told us about staff waking them by chatting loudly in the corridor at four in the morning. Another person said staff did not always talk in English while in their presence. We discussed this with the registered manager as this could make people feel anxious and not included and did not respect that people were sleeping. They told us they would remind staff at a staff meeting.
 - People's dignity was not always maintained as staff gave some people a full body wash in the morning and put them back to bed fully clothed. These people were later got out of bed and taken to the communal area with no consideration of their dignity.
 - Staff used walkie talkies to contact colleagues if they required support. Staff ensured they did not mention people's names when using the walkie talkies, but these were exceptionally loud, and everyone could hear staff conversations while sat in the communal areas. This could be confusing to people and cause them unnecessary stress.
 - We discussed with the registered manager that staff were putting on the main light in people's bedrooms when supporting them at night and the impact this might have in disturbing people. The registered manager said they would look at night light options so the disruption to people was minimised.
- The provider had failed to ensure people were always treated with dignity and respect. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives spoke positively about the home and the staff. People commented, "She (staff member) knows her job and that makes me feel confident", "They look after you, you don't take orders here" and "The staff are very friendly." Relatives comments included, "The staff are all so warm and friendly. They talk to their residents very nicely. The chef will walk through and knows everybody's name", "The guys at Casterbridge have been absolutely amazing. They're brilliant people. They know how to treat people like my (relative) because she can be a bit irritable" and "I think they're doing a great job. Everybody is treated like a member of the family. Nothing is too much trouble for them."

Supporting people to express their views and be involved in making decisions about their care

- People had a mixed experience about being given a choice dependent on the staff who was supporting them. We observed that some people had really good interactions with staff and were involved with decision making. These staff knew the people they supported well and got down to their level and reflected on things that mattered to them, for example, family and horses.
- Other people were not given choices about where they sat, what they had to eat and what they watched on the television. People on the first floor could not choose where they had their morning and afternoon refreshments. Staff told some people they had to move to the main dining table if they wanted a drink as there were not enough lap tables. The registered manager told us they had ordered additional lap tables.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's did not always receive personalised care. On the first day of our inspection records showed that night staff who finish their shift at seven had given six people a full body wash. We arrived early on the second day of our visit to find three people had received a full body wash before six thirty and had been dressed and put back to bed in their clothes. Staff confirmed people had not been soiled and required a full wash. Later, just prior to lunch, staff supported these people out of bed, did not give them a freshen up or change their clothes and took them to the communal areas for lunch. This meant people had been in bed for over five hours in their day clothes. This was not personalised care, but care delivered for the benefit of staff. We discussed this with the registered manager who said they were not aware this was the practice and said they would be making changes.
- Not everyone in the home looked well kempt. Relatives gave us mixed views about their relative's care and concerns about people's laundry. Comments included, "He's well shaven, clean and wearing his own clothes", "His nails get dirty and they don't clean them. Also, his hair doesn't get washed regularly" and "She went from always being immaculate and hair tidy to now being not so, with greasy hair. It's a lucky dip what she gets back (from the laundry)."
- Although oral healthcare plans were in place in people's care records, some people's toothbrushes did not look like they had been used although people had been supported to get up and dressed. Staff were required to tick when they had supported people with personal care but there was not a specific section to demonstrate people had received oral care. The registered manager said they would add a section to the personal care monitoring sheet and remind staff about the importance of maintaining people's oral hygiene.
- Care plans were being developed to include more information. When people were admitted to the home for a period of respite a temporary care plan was put into place. We discussed that when a person has a significant change in their care needs a more comprehensive plan was needed to guide staff to ensure a consistent approach. The registered manager and deputy manager said they would put these in place.
- We discussed undertaking risk assessments and putting specific care plans and monitoring checks in place in response to some incidents in order to guide staff. For example, one person had been in a low mood and had tried to cause themselves harm. The registered manager and deputy manager said they would put these in place.
- Care plans were regularly reviewed to ensure they reflected people's needs. However, this did not always include people and their relatives where appropriate. Relatives told us, "...not had a formal care plan discussion with Casterbridge Lodge", "I find the communication very good. If I phone them up, they've got clear answers. I've never had any involvement in his care plan" and "I don't think I was involved in his care plan. We do have chats when I go in about how things are going and what's happening." The registered

manager sent us a new document they were putting in place and told us it was 'to show any evidence of any changes and conversations with residents and families regarding any changes to their care needs and plans'.

- Not all staff were responsive to people's requests. One person requested a 'banana' on several occasions and then a 'banana sandwich, staff did not pick up on this request. An inspector highlighted and staff got them a banana sandwich which they enjoyed.

The provider had failed to ensure people received person centred care and treatment that appropriately met their needs and reflects their personal preferences. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records were stored in the deputy manager's office. We discussed how staff were aware of people's needs. They told us there was a highlighted sheet in people's bedroom folders identifying their personal care needs but they were considering a personal profile being placed in people's rooms in a discrete way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had guidance in care records on supporting people's expression and understanding.
- The provider had produced the homes fire procedure in multiple languages to advise staff and people whose first language isn't English what to do in the event of a fire.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed an activity coordinator. They had a program of activities and supported people in their rooms to avoid social isolation. When the activity person was in the room, people were engaged and interacted well. The registered manager told us they were recruiting a second activity person to assist with this work.
- Not all staff engaged with activities to make them meaningful for people. The television on the first floor was not visible to some people and staff chose what was on the television with no discussions with people. A game of quoits was placed on the floor and hoops handed to people with no explanation what they needed to do with the hoops. People did not engage with this activity.
- A relative told us they were impressed that staff were pro-active with providing equipment to enable their spouse to play music through their television when they found out they loved music.

Improving care quality in response to complaints or concerns

- There had been no formal complaints made to the registered manager in 2022. The registered manager and deputy manager were very active working in the home. They chatted with people and relatives on a daily basis and addressed any niggles or issues as they were raised.
- The registered manager completed a monthly complaints/compliments monitoring form so there was a clear oversight.

End of life care and support

- At the time of the inspection, nobody living at the service was receiving end of life care and support. People had received opportunities to discuss their end of life wishes if they chose to.
- The registered manager was proud of the care provided to people who had received end of life care at the home. They told us about a person who passed away at Casterbridge lodge with no family. The management and staff had arranged their funeral and a gathering to celebrate their life.
- The registered manager had received several thank you messages from relatives. These included a relative who had stayed at the home for a period to be there for their relative. They wrote, 'The care, love and respect you all paid to my (relative) prior to and up until (person) passed did not go unnoticed...you all welcomed me and offered so much support. Your staff are so kind, compassionate and caring, whether it be support staff, kitchen staff, maintenance or management you all checked in, made sure that not only my (relative) was comfortable but I was also. I will never forget the amount of kindness shown to my father and I in such a difficult time'.
- People had treatment escalation plans in place and advanced care plans where their wishes were recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not promote a person-centred culture which was empowering or respectful. We saw people who did not have good outcomes on the day of the inspections, for example being put back to bed fully dressed.
- The management team carried out a monthly program of audits. However, these had not identified the areas of concern we identified at this inspection.
- We discussed with the registered manager that it was not clear if actions identified on the providers monthly audits were being actioned. They put in place a monthly monitoring document to record actions required and when they had been completed.

The provider had failed to ensure robust quality assurance systems were established and operated effectively to continually assess, monitor and improve the quality and safety provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were surprised by some of the areas of concern we highlighted and started to take action immediately. They sent us an action plan setting out the improvements they were going to, or had, put into place. This included, new body maps, oral care added to personal care charts, new starter spot checks, pen profiles in people's rooms and forms to discuss care changes.
- The registered manager had been working at the home since it opened under the new provider and registered with CQC as the manager in December 2021. They had previously been the registered manager at the providers homecare service. They had been joined by the deputy manager a care coordinator from the providers other home in January 2022. They were working well together to build the team at the home. The registered manager told us how proud they were of their 'wonderful' team.
- The registered manager and deputy were supported by team leaders and senior health care assistants. The team leaders and senior care assistants managed the day to day running of the service and completed checks to ensure people were supported safely. This was an area which required improvement in relation to observing staff competence, delegation and oversight about what was happening at the home. For example, they completed daily checks of documentation, but these were not completed meaningfully, as they had been ticked when it was clear things had not been completed. The registered manager took action following our feedback, they told us they were 'out on the floor to monitor existing staff as much as possible to ensure that the practice is meeting standard, we have also got dates of night spot checks and weekend spot checks

to ensure when we are not present, the home is running safely and all residents needs are met'.

- The registered manager told us the provider visited the home most weeks and was available to speak with by phone. At the time of the inspection there was not a formal process to record the discussions and findings of these visits. The registered manager said areas for improvement were recorded within her supervisions which they had with the provider. The registered manager said they felt very supported by the provider and could speak with the registered manager from the providers other care home if they required advice.
- The provider held a monthly meeting with the managers from their homes. The agenda for these meetings included health and safety, maintenance, auditing and reporting and a walk around the home.

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

- The registered manager reviewed all accidents and incidents and ensured people and their relatives were informed.
- The registered manager had submitted statutory notifications to CQC as required when people passed away at the home and about incidents which resulted in serious injuries.
- The registered manager understood their responsibilities under the duty of candour and took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.
- People's personal records were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential. We discussed with the registered manager that we had seen staff rota's on display in the home detailing which staff details and when they were on duty. This did not protect staff from the risk of potential abuse. The registered manager took immediate action and removed these rotas.

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

- The registered manager had sent surveys to people, staff and healthcare professionals to ask their views about the service. The registered manager had received these and had analysed the responses. They said the findings and actions taken would be shared with people, relatives and staff. We looked at the responses they had received, and they were mainly positive.
- Resident and relative meetings had been held to seek people's views.
- The registered manager and deputy manager were very visible, approachable and took a genuine interest in what people, staff, family and other professionals had to say.
- Staff told us they enjoyed working at the home and felt they had a good staff team, who worked well together. Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "We work as a team." They went on to tell us how they had been supported after a difficult medical emergency at the home.
- Staff attended regular meetings and a handover meeting at the beginning of their shift to share information about people. They also had access to a handover sheet to refer to about people's changing needs. This was being amended during the inspection to contain more information for staff.

Working in partnership with others

- Staff worked with community nurses and GP's to access support for people.
- The local authority quality team had undertaken three quality visits to the home in 2022. They completed a 'quality monitoring report' which identified actions required. The registered manager and deputy manager were working through these actions.
- Feedback we received from professionals was positive about the care and support provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people were always treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure people were always treated with dignity and respect
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have monitoring processes in place to protect people from receiving unsafe care and treatment and prevent possible avoidable harm or risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure robust quality assurance systems were established and operated effectively to continually assess, monitor and improve the quality and safety provided.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure their induction programme prepared staff for their roles and ensured they demonstrated acceptable levels of competence to carry out their role unsupervised.