

Derbyshire County Council

Castle Court Care Home

Inspection report

Linton Road
Castle Gresley
Swadlincote
Derbyshire
DE11 9HP

Date of inspection visit:
20 January 2017

Date of publication:
14 February 2017

Tel: 01629532256

Website: www.derbyshire.gov.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 30 June 2016. At this inspection, we identified that medicines were not always managed in a way to ensure people were protected from the risks associated with them. Staff did not have clear guidance on how to support people in their best interests when they were unable to make decisions independently.

We undertook this unannounced focused inspection on 20 January 2017 to check the provider had addressed the areas that required improvement. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Court on our website at www.cqc.org.uk.

Castle Court provides accommodation and personal care support for up to 41 older people. There were 38 people who used the service at the time of our visit.

The service had a registered manager in post. 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.

We saw that improvements had been made to ensure that medicine management and administration was undertaken in a safe way. This included two trained staff undertaking medicine administration at busy periods such as in the morning. Guidance was now in place for staff to follow when people were prescribed medicines on an 'as required' basis.

We saw that improvements had been made to ensure people's rights were protected, as mental capacity assessments and best interest decisions were in place for people that needed support to make decisions. Applications were being made under the Mental Capacity Act Deprivation of Liberty Safeguards for people whose liberty may be restricted. Staff gained people's verbal consent before supporting them and helped people to make their own choices and decisions.

People were protected against the risk of abuse, as checks were made to confirm that the staff that supported them were suitable to work in a care environment. There was sufficient staff to support people and staff understood what constituted abuse or poor practice. Systems and processes were in place to protect people from the risk of harm. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way that minimised any identified risks.

Plans were in place to respond to emergencies to ensure people were supported in accordance with their needs. Staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

People were supported by staff that received training and support to enhance their knowledge and learning. People received food and drink that met their nutritional requirements and preferences and were referred to healthcare professionals to maintain their health and wellbeing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

We found that action had been taken to ensure the service was safe.

People were protected by staff that understood their responsibilities to keep them safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented. People were supported in a safe way to take their medicines as prescribed. The recruitment practices protected people because they checked staffs suitability before they commenced employment.

Is the service effective?

Good ●

We found that action had been taken to ensure the service was effective.

People were supported to make decisions in relation to their care and were supported by staff who received training to meet their needs. People were supported to eat and drink enough to maintain their health and accessed health care services as needed.

Castle Court 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 Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Castle Court Care Home on 20 January 2017. This inspection was done to check that improvements had been made following our comprehensive inspection on 30 June 2016. We inspected the service against two of the five questions we ask about services: is the service safe, and is the service effective. The inspection was undertaken by one inspector.

We reviewed information received since our last inspection in June 2016. This included information from the local authority and notifications we had been sent by the registered manager. Notifications are changes, events or incidents that providers must tell us about. The provider had completed a 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. We used all of this to formulate our inspection plan.

We used a variety of methods to inspect the service. We spoke with five people that were using the service and five relatives. We also spoke with three members of care staff, a senior care staff, one of the deputy managers and the registered manager. We observed people being supported in communal areas. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at four people's care records to check that the care they received matched the information in their records. We also looked at how medicines were managed and that people were supported to make choices and decisions.

Is the service safe?

Our findings

At our last inspection we saw that people received their medicine when needed but some practices we observed did not ensure people's safety. This was because the medicine trolley was left open and unattended when the staff member entered people's bedrooms to give them their medicine. The member of staff did not observe some people taking their medicine and 'as required' medicine known as PRN had no protocols in place, to provide staff with a specific plan regarding when this medicine was needed.

At this inspection we saw that improvements had been made. The registered manager confirmed that a new procedure was in place where two trained staff administered medicine during busy periods such as in the morning, to ensure the medicine trolley was not left unattended during administration. We observed this procedure being followed at the inspection. In the PIR the registered manager confirmed that when only one member of staff administered medicine they took the trolley with them or locked it before they entered a person's bedroom. We saw the member of staff that was administering the medicine remained with the person whilst they took it. This was done in an unhurried way and at the person's own pace. People told us and we saw that they were supported to take their medicine as prescribed. One person said, "They never forget my tablets and always check with me if I need any pain killers." We saw that PRN protocols for as required medicines were in place to guide staff on when this should be offered.

People who used the service told us they felt safe with the staff that supported them. One person said, "I feel very safe with them, they are all lovely." Another person said, "I feel a lot safer here than I did at home." We saw that people appeared relaxed with the staff that were supporting them and had a good rapport with them. This showed us that people felt comfortable with the support they received.

Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would listen to what the person said and explain that I could only maintain their confidence if it wasn't putting them at risk and then I would report to the manager or whoever was in charge." Staff understood the whistleblowing procedure. Staff knew they could contact us or the local authority. One member of staff said, "I wouldn't hesitate to report any concerns, I know the management here would take them seriously." Whistleblowing is a way in which staff can report misconduct or concerns about poor practice in their workplace.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions that were needed to reduce risks. We saw that actions were in place to minimise the risk, whilst supporting people to maintain as much choice and independence as possible. For example one person had reduced mobility and had moved into the home with no equipment to support them in moving independently. This person was using a wheelchair provided by the home. The registered manager had made a referral for this person to be assessed for an electric wheelchair that would enable them to move independently.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans.

The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's individual needs and supported staff to understand the actions that would be required.

People told us and we saw there was enough staff available to support them. One person said, "They are always busy but I can't fault them. If I need any help I get it." Another person told us, "The staff here work hard, they are grafters and they make sure everyone is alright." The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

Is the service effective?

Our findings

At our last inspection we saw that improvements were needed to ensure staff had sufficient information to support people that were unable to make decisions independently. 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 people 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.

At this inspection we saw that capacity assessments and best interest decisions were in place to guide staff where people needed this support. Staff we spoke with understood about people's capacity to make decisions for themselves and the support they needed to make choices and decisions. One member of staff said, "When someone can't make a decision or tell you, it's about knowing the person, their likes and dislikes and understanding their body language, so that we can support them in the way they prefer." Another member of staff told us, "Sometimes you need to show people what the choices are rather than just saying it, most of the time they can make choices with some help."

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We saw and staff confirmed they were provided with training in the MCA and the DoLS to enable them to ensure people's rights were protected. The registered manager confirmed that DoLS applications had been made for 34 people that were using the service. At the time of our inspection none of these applications had been authorised.

We observed the lunch time meal and saw that people were offered choices in meals and drinks. Where people required support to make decisions this was provided, such as showing people the choices on offer. One person told us, "The food is fantastic here, no doubt about that." Another person said, "You are asked what you want, if you don't fancy what's offered you can have something different." We saw that staff supported people with their meals where this was needed and this was done in an unhurried way. Staff offered people encouragement and prompts to eat as required. Care plans were in place that included information on people's meal preferences and where they liked to eat their meals. Assessments identified when people were at nutritional risk and care plans provided clear instructions to staff on how to support people. We saw that people's weight was monitored to ensure they could be referred to specialist service if needed. We saw that one person who had lost weight due to difficulty in swallowing and had been referred to the speech and language therapist for a swallowing assessment.

People and their visitors were complimentary about the support provided by staff. One person told us, "I can't praise it enough, everything is good, the staff are friendly, the home is clean and anything I need they sort it for me." Another person told us, "The staff are wonderful they know what they're doing and they

always have a smile for me and a kind word." Staff confirmed and we saw that they were provided with training and support on an ongoing basis. One member of staff told us, "We are kept up to date with training and can request any training we need." Another member of staff who had been promoted to senior carer told us, "I've had lots of encouragement from the other staff and the manager; they have all been very supportive to me." Staff confirmed that they received supervision and we saw a rota to provide staff with supervision was in place to support staff.

Discussions with staff and records seen demonstrated that people were supported to maintain their health care needs. One person told us, "If I am unwell they call the doctor out." Another person said, "There's no messing about, if you're ill they get you the doctor." We saw that staff followed the guidance of health care assessments to ensure people were supported according to their need. We spoke with a community health professional who told us, "People are cared for very well. The manager and deputies are very receptive. The staff follow my guidance. The care staff come with me to see the resident and we have set up a procedure log which the care staff complete, to record when they have completed the actions needed. I couldn't ask for better staff." We saw that community dentists, opticians and chiropodists also visited the home to provide a service to people as required.