

Derbyshire County Council

# Castle Court Care Home

## Inspection report

Linton Road  
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## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 14 November 2018 and was unannounced. Castle Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides care in an accessible building for 41 people some of who are living with dementia. There were 34 people living at the home when we visited and five of those were on a short term break rather than permanent placements..

They were last inspected on 18 August 2017 and were found to require improvement with breaches in regulatory requirements. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good. They returned this to us within the agreed timescale and we used this information to assist us to plan and judge the service at this inspection.

We found that the provider had made improvements and systems had been put in place to monitor the quality of the service. However, some of the required actions had not been met yet, and some systems needed to be reviewed to ensure they were consistent so that the improvements could be sustained.

There was 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. People and their relatives knew the registered manager and felt confident that any concerns they raised would be resolved promptly. There were regular meetings and surveys to ensure that they could feedback. There were good relationships with other organisations and professionals.

Risk was assessed and actions were put in place to reduce it. There was a review of when things went wrong to reduce the risk of repetition. Staff understood their responsibilities to protect people from harm, including making safeguarding referrals when required.

People received personalised care which was based on their preferences. Care plans were detailed and gave staff guidance. There were daily meetings to discuss people's wellbeing and to share information. There were enough staff to meet people's needs and this needed to be kept under review to reflect changes in people's needs and the impact of new people who came for short breaks.

Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They had developed caring, respectful relationships with people and ensured that their dignity and privacy were upheld. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The environment was planned to meet their needs and encourage independence.

People were assisted to maintain good health and had regular access to healthcare professionals. Medicines were managed safely and people received them when they needed them. Mealtimes included a choice of meal and people received patient support to assist them when needed. There were systems in the home to keep it clean and free from infection.

Visitors were welcomed at any time. Staff felt well supported by the registered manager and there were regular meetings with them to ensure they were consulted and informed of changes.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Risks to people's health and wellbeing were assessed and reviewed and lessons were learnt when things went wrong to avoid repetition. Staff recognised and reported concerns to protect people from harm. People were supported to take their medicines safely and there were systems in place to store them securely. There were sufficient staff to ensure that people were supported safely. Safe recruitment procedures had been followed when employing new staff. Infection control procedures were embedded.

### Is the service effective?

Good ●

The service was effective

Staff received training and support to enable them to work with people effectively. They understood how to support people to make decisions about their care. If they did not have capacity to do this, then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required. This was done through close collaboration with other professionals. The environment was designed to meet people's needs.

### Is the service caring?

Good ●

The service was caring

Staff had developed caring, respectful relationships with the people they supported. People were supported to make choices about their care and their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

### Is the service responsive?

Good ●

The service was responsive

People received care and engagement based on their personal preferences and choices including at the end of their lives. Complaints were investigated and responded to in line with their procedure.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led  
The provider had made a lot of improvements but some systems needed to be embedded to ensure that the improvements could be sustained. People knew the registered manager well and reported that they were approachable. The staff team felt well supported and understood their responsibilities.

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

This inspection took place on 14 November and was unannounced. It was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with six people and also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We spoke with four relatives who were visiting on the day of the inspection visit to gain their feedback on the quality of care received.

We spoke with the registered manager, the deputy manager, one senior care staff, three care staff and the chef. We also spoke with two visiting health professionals to gain their feedback about the quality of the home. We reviewed care plans for five people to check that they were accurate and up to date. We also looked at medicines administration records for seven people.

We checked the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed quality checks for medicines management, accidents and incidents, meeting minutes, complaints, and the service improvement plan. We looked at two staff files to check they had been safely recruited. We were also provided with a copy of the latest Healthwatch report for the service from a visit on 23 November 2017.

# Is the service safe?

## Our findings

At our last inspection we found that there were not always enough staff deployed to meet people's needs safely, and there was a breach of Regulation 18(1) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found that improvements had been made.

Most people told us that there were enough staff available when they required support. One person said, "There are lots of staff and it's the same at night. When I press the buzzer, they come immediately." We saw that staff were deployed to different sections of the building so that they were responsible for certain people. They were able to respond to people in a timely manner and we saw that they had time to assist people with activities and to spend some time speaking with them. At the last inspection we had also raised concerns about the number of staff available at night to support people and at this inspection we were assured that this had been increased. The registered manager told us that there were less people who lived at the home who required the support of two staff to help them than there had been previously. They had implemented a tool to review people's dependency so that they could plan staffing around individual needs. However, they also recognised that this could be a challenge at times because of the number of people that came to the home for short breaks. They said that they now tried to balance this with the needs of people who lived permanently at the home, so that staff were not stretched. Nevertheless, some staff and people told us that there were occasions when this did happen. One person said, "Sometimes when I ring the bell I have to wait for ages". One staff member told us, "The staffing is okay but we know when we are full. Three staff at night is much more reassuring. Generally, we have a better staff team now and that means people are happier. However, one extra member of staff does really help and means we can really meet people's needs and give them the time they deserve".

We recommend that the provider continues to ensure that staffing levels are kept under review and are flexible to meet changes in people's needs so that they can be met in a timely and safe way.

At our last inspection we found that lessons were not always learnt when things went wrong because there was limited overview of people's falls. At this inspection we found improvements. Records were completed to describe the incidents and staff could clearly tell us what action had been taken for each individual; for example, some people were referred to health professionals and for others it was action such as rearranging the furniture in their room. There were clear plans in place which assessed the risk and gave staff guidance on how to minimise it; for example, in how to support people to move safely.

Other risks had also been assessed and plans were followed to mitigate it. People had equipment in place to reduce the risk of pressure on their skin such as cushions to sit on. When some people could behave in a way which may harm themselves or others there were also plans in place to guide staff how to support them to reduce their anxiety.

Medicines were managed safely so that people received them as prescribed. In the PIR the provider told us, 'We have changed our pharmacist and medicines administration records so that all stock can be seen so clients do not run out of medication'. We saw that this was in place and there was a daily check of the stock

that people had. There was guidance in place for medicines that were prescribed for people to take 'as required'. There was also clear guidance for some medicines that required ongoing monitoring; for example, when people needed their medicines dose altered in line with their blood sugar readings when they had diabetes. Medicines were stored safely and records were clear when they were administered.

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One person we spoke with said, "I feel safe. I haven't come across any violence, physically or mentally". Staff we spoke with told us how they would report any concerns to their line manager or the local authority. We reviewed safeguarding with the manager and saw that referrals and investigations had been completed in a timely manner and action taken when required to protect people.

The home was clean and odour free and there were infection control checks in place. When we spoke with staff they understood their responsibilities to protect people from infection and we saw that protective equipment such as gloves and aprons was readily available. One member of staff said, "There is plenty of protective equipment available; for example, we wear a tabard and gloves to serve at mealtimes." Another member of staff explained how their staff uniforms were laundered at the home to reduce the risk of infections spreading.

The provider followed safe recruitment procedures and we saw that references were obtained and police checks were in place. These checks ensured that staff were safe to work with people who used the service.



# Is the service effective?

## Our findings

At our last inspection we found that people's capacity to make decisions and consent to restrictions had not always been assessed, and there was a breach of Regulation 11 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found that improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible". People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People told us that they were asked for their consent before care was provided and we heard this throughout the inspection visit. When people were unable to consent to certain decisions capacity assessments had been completed. DoLS authorisations were in place when people did have restrictions in place that they could not consent to and further applications were in process. When there were conditions on DoLS they were understood by staff and actions were in place to ensure they were met; for example, ensuring care plans were up to date.

At our last inspection, people were not always provided with specialist diets and did not always feel there was adequate choice in meals. At this inspection this had improved and people told us they enjoyed their meals. One relative told us, "[Name] has diet restrictions and staff know what they can and can't eat". One person told us, "I am a vegetarian and a picky eater. The ladies do the best to accommodate you. I am quite happy about it."

There was a flexible breakfast in place now which meant people could choose when and what to eat; for example, we saw one person eating a hot cooked meal and another eating fresh fruit. At lunchtime the chef remained in the dining area to support staff and to ensure that people received their specialist meals. People were offered a choice of meals and desserts and there were photos of the menu in the home to assist them to make this choice. Throughout the meal people told us how good the food was. There was a pleasant atmosphere and staff were attentive, checking if people wanted drinks or additional portions. Some people were provided with adapted cutlery to promote their independence. Staff supported them respectfully when they needed assistance to eat.

People had their healthcare needs met promptly and this was an improvement since the last inspection. One visiting healthcare professional told us, "The staff here care about people like they are family and always ask for their consent. I explain what needs to be done to support people and when I come back they have done it; it is very professional". People and relatives told us that they had regular access to healthcare

professionals and we saw records that supported this.

Regular meetings were held with local healthcare professionals and other homes managers to share best practice and share information. The registered manager told us, "They have been really useful and we now have a better relationship with the healthcare team. They have provided us with specific training and the next one will be supporting us to set up a 'skin tear' box and training staff as they didn't always know how to manage it. A skin tear box would contain equipment so that staff could treat the damaged area immediately. It has also been good to share ideas with other managers; for example, recipes for milkshakes etc. when it was nutrition week". This demonstrated to us that the staff team worked effectively across organisations to ensure that people's needs were met.

Staff were skilled and knowledgeable to support people effectively. One member of staff told us about the recent training they had received in managing incontinence. They said, "It was quite practical and useful to us". The registered manager told us that they had taken responsibility to conduct some of the annual refreshers. They said, "It works out okay because I can focus it on the people here. For example, when we were doing fire training I used it as an opportunity to review people's emergency evacuation plans with staff because they know them best". Staff told us that they received regular support and supervision from the management team to ensure they were doing their jobs well. One member of staff said, "The registered manager is a very practical manager; they are on the floor and so they know what we do and will always support us. That makes a great manager and I trust them 100%".

Care and support was planned and delivered in line with current legislation and best practice guidance. Staff understood people's assessments about their needs and were given guidance to assist them to meet them. For example, when people had specific conditions there was guidance for staff to assist them to manage it; for example, diabetes.

The environment was accessible and met people's needs. There were four distinct areas of the home in a quadrant around a secure garden. The corridors for each area were painted different bright colours to assist people to orientate. There were pictures on the walls to help people to know what meals were planned and who the staff were. The home was purpose built and was wheelchair accessible with adapted bathrooms. Some areas of the home had been upgraded and decorated since our last inspection; for example, new flooring and chairs. There was an ongoing plan to refurbish other areas as well.

## Is the service caring?

### Our findings

People had caring, kind and supportive relationships with the staff who supported them. One person told us, "The staff are keen, they are on the ball, they are the best". Another person said, "They are very good. I have never had a cross word with them." We saw warm interactions between staff and the people they supported laughing together and giving people hugs. One relative told us, "Staff are caring. My relative likes them all and has a smile for them."

There were conversations during the day which showed that care staff knew about people's lives and their family situations. For example, we heard one member of staff ask one person about their family. We saw that people's friends and relatives were warmly welcomed throughout the day of the inspection. One relative told us, "Every time I come in someone can tell me what my relative has eaten or how they are." Another relative said, "We can pop in whenever we want, it is never a problem."

People were involved in making choices about their care. One relative told us, "[Name] likes a lie in and enjoys breakfast in their room. They have a newspaper delivered every day that they can read over breakfast." We saw that people were asked what they wanted to do and that this was provided; for example, people chose to go to their rooms. Staff and the registered manager were aware of local advocacy support available if people needed support making choices. Advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. Although no one was using these services the staff team were working closely with some people's social workers to make decisions about their future residence.

People were encouraged to be as independent as possible. For example, some people chose to smoke cigarettes. The provider had ensured that an outside area was available for them to do this. One relative told us how their relative enjoyed socialising with friends independently in this area.

Dignity and privacy were upheld for people to ensure that their rights were respected. One relative told us, "The staff always knock on the door before they enter." If people needed personal support they were assisted to go to their bedrooms or bathrooms so that it was completed in privacy. The home had recently been awarded a Dignity award from the local authority which demonstrated that they could evidence how they treated each person in an individual and respectful way.

There were celebrations of special occasions; for example, birthday parties. Photographs of these and events at the home such as summer fetes were on the walls for people to enjoy. The chef told us that there was a list of everyone's birthday in the kitchen so that they could ensure that everyone had a freshly baked cake to celebrate.

# Is the service responsive?

## Our findings

At our last inspection we found that people did not always receive personalised care, and there was a breach of Regulation 9 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found that improvements had been made.

People were supported by staff who knew them well and responded to their changing needs. One person told us, "Nothing is too much trouble for the staff. If I asked for a tomato sandwich now, they would get one straight away." Staff we spoke with could describe how they supported people in great detail. We observed a staff handover meeting and witnessed conversations about each individual. Some staff shared their concerns about people and told the others in the meeting what action they had taken. For example, they were concerned that one person was not eating as well as usual and so had implemented some monitoring for staff to record what they ate and drank. One member of staff told us, "We are supported to make decisions for people and if we are not happy we can take action. The registered manager encourages it so that we are taking action straight away; they just ask us to make sure we let them know."

People had care plans which to ensure that staff had guidance to enable them to support people in the requested way. One social care professional told us about setting a plan with the person they supported. They said, "The staff here do incredibly well and always follow the guidance we wrote together". Assessments included relationships, cultural and religious preferences and communication. For example, one person's plan described that they would need information shared in large print and 'easy read'; i.e. using simple words and pictures. This showed us that the provider had complied with the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

There was no one receiving end of life support when we inspected. However, one person's relatives told us that they had a meeting planned to discuss their relatives ongoing support as they approached this stage of their life. They said they would discuss how to manage the person's pain and how to continue to support them in their home. Other people had made decisions about active resuscitation should they require it and there were documents in place to evidence this. When we spoke with the registered manager and the deputy manager they told us of the further planning they intended to do with people to plan for the end of their lives to ensure they were supported in line with their wishes.

People were supported to follow their interests and take part in activities. One person had been supported to design and maintain the communal garden and had won a local award in recognition of their work and the positive impact the environment had on the people living at the home. People told us of activities that were organised and on the day of our inspection there was a lively sing along in a communal area. One relative we spoke with said, "There was a singer on my relative's birthday which made their day. They also enjoy flower arranging." However, some people did also tell us that there were times when staff did not have time to organise activities and they would like more opportunities. When we shared this with the registered manager they told us that activities were not always well attended but they would continue to consult and keep this under review.

People knew how to make complaints and were confident that they would be listened to. We saw that any complaints which were received had been reviewed in line with the provider's procedure. There was a clear outcome to the complaint; for example, the action taken to ensure people had seen health professionals.

## Is the service well-led?

### Our findings

At our last inspection we found the systems in place to review and monitor the quality of the service were not always sufficient to drive improvement. There were breaches in regulations and people were not receiving safe, personalised care. At this inspection we found that improvements had been made. The provider had recognised and prioritised areas of improvement and we found that this had made improved the quality of care people received. For example, the staffing ratios had been changed, medicines management had been re-organised and MCA had been adhered to. However, there were some systems which still needed to be fully embedded to ensure that the improvements could be sustained.

The registered manager was responsible for implementing action plans from the last inspection and from an internal audit completed by other managers within the organisation. Many of the actions had been met but some were still outstanding; for example, there were people who had not yet had their care reviewed through an annual meeting. Other systems had been implemented but needed to be updated and maintained to be effective. For example, in the PIR the provider told us, 'There is a monthly fall monitoring system. This is completed at the end of each month. It uses a colour coding system green for one fall amber for second fall and red for more than three. Each client also has a falls calendar so you can see at a glance if there is any patter to the falls and what we can put in place to reduce the risks'. When we reviewed this, we found that there was not a calendar in place for all people, not all falls were recorded on the system and some of the colour coding was incorrect. Although we recognised that staff and the registered manager could tell us about the incidents and we saw that action had been taken to support people to reduce the risk of falls we also recognised that the records needed to be accurate in case new staff or managers need to use this information. We also found that some people's dependency assessments had not been assessed for one or two months and this could impact on the registered manager's ability to ensure that there continued to be sufficient staff available.

We recommend that the provider ensures that all quality audits and systems are accurate and fully implemented to be effective in continuously driving improvement.

There was 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.

People told us that the manager was approachable and that they liked them. One person said, "The manager is very nice, very easy to talk to and very approachable". Another person said, "I have had several conversations with the manager. I get the impression they are very busy, but they will drop everything and listen to you". This was reinforced by a relative who told us, "The manager is very approachable. If they can't answer immediately they will always come back to you". There were regular meetings for the people who lived at the home and their relatives and there had also been a recent survey completed for people to give their feedback. This was used to improve the service; for example, planning future social events that people requested.

Staff were well supported in their role and felt that the registered manager was helpful. One member of staff told us, "We work really well as a team and we are well supported." Regular meetings took place and we reviewed the records for them and saw that the registered manager informed staff about developments in the home and sought their opinion; for example, they discussed use of agency staff and updated staff on the recruitment of new staff. There were meetings for different staff as well to ensure all aspects were covered; for example, meetings with domestic staff to discuss improvements seen since a full team were in place. Staff told us that they trusted the management team and there was an open and inclusive atmosphere. One member of staff said, "I would have no hesitation in raising any concerns with the managers or any of the seniors. We are a good team and support each other at all levels".

There were also close working relationships with other partner organisations to ensure that people's needs were met; for example, the provider had commissioned Healthwatch to undertake a review of all of its services. The registered manager had met the action points from this review; for example, ensuring that signage was suitable for people living with dementia.

The manager ensured that we received notifications of important events in line with their registration. This meant that we could review that appropriate action was taken. We also ask the provider to display their latest CQC inspection report at the home and on their website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.