

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Castle Grange

Ings Lane, Newsome, Huddersfield, HD4 6LT

Tel: 01484223439

Date of Inspection: 09 September 2014

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December 2014

We inspected the following standards as part of a routine inspection. This is what we found:

**Care and welfare of people who use services**

✓ Met this standard

**Staffing**

✓ Met this standard

## Details about this location

Registered Provider	Kirklees Metropolitan Council
Registered Manager	Ms Sarah Nunns
Overview of the service	The location is registered to provide personal care for up to 40 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 September 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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The inspection visit was carried out by one inspector. During the inspection, we spoke with the home manager; four care assistants and three people who lived at the home. We also looked around the premises, observed staff interactions with people who lived at the home, and looked at records. During this inspection we also followed up on a compliance action for outcome 13 (staffing) which was given at our last inspection in March 2014. We considered all the evidence we had gathered under the outcomes we inspected.

We used the information to answer the five key questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found. The summary describes what we observed, the records we looked at and what people using the service, their relatives and the staff told us.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

People were cared for in an environment that was clean and hygienic. We saw that people's care records contained care plans which provided staff with clear guidance on how to meet the person's needs. There were enough qualified, skilled and experienced staff to meet people's needs.

Is the service effective?

We looked at three people's care records we saw their individual needs were assessed thoroughly and care and support was developed from an assessment of their needs.

Is the service caring?

People were supported by kind and attentive staff who obviously knew people well. We

saw that care assistants were patient and encouraging when supporting people.

Is the service responsive?

We saw care records contained evidence to show that people's needs had been assessed before they moved into the home. Records we looked at contained details of people's preferences, interests and life histories. The care, treatment and support provided at the home met people's individual needs.

Is the service well-led?

Staff we spoke with told us they felt supported by the manager. One of them told us, "The manager is nice. I feel that I can go to them if I have any issues."

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

We looked at three people's care records and we saw people's needs had been assessed and each person had their own care and treatment plan. All three records included the details of any contact that people had with other healthcare professionals. These included visits by GP's, opticians and chiropodists. This showed people received additional support when required for meeting their care and treatment needs.

We saw a range of risk assessments had been developed in relation to people's safety and welfare. These included, moving and handling, falls, nutrition and infection control. This showed care and treatment was planned and delivered in a way intended to ensure people's safety and welfare.

We spent time observing care and we saw staff encouraging people to be as independent as possible by actively engaging and involving them in daily care routines. We spoke with four care staff and it was clear from our discussions they knew the people well. All of the staff we spoke with told us they felt they provided people with a good standard of care. We saw staff treating people with respect, maintaining their dignity and responding to their requests for assistance in a discreet and appropriate manner.

We saw there was an activity programme in place. The manager told us the activities were organised and provided by a team of volunteers. This meant the staff at the home were able to continue to deliver care whilst people participated in activities. This showed the service was meeting the social needs of people who lived at the home.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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When we visited the home in March 2014 we found the staffing levels in place did not allow staff time to meet the social needs of people who lived at the home. We said we were concerned about this and that improvements were required.

We went back on this inspection to check whether improvements had been made.

On the day of our inspection there were 26 people living at the home. We saw 20 people were permanent residents with a further six people using the service for short stay and respite purposes. We spoke with the registered manager about the current staffing levels at the home. They told us they had been successful in the recruitment of staff into many vacant positions at the home. This meant the home no longer had a large number of vacancies for care staff, some of which were being filled with regular agency staff. This meant people living at the home could expect consistency of care from staff who knew them.

We spoke with the registered manager about the provision of activities at the home. They told us that although they had not employed a staff member for this purpose they had made improvements to the deployment of staff which meant people were able to spend their days engaged in meaningful activities. We were told staff were now allocated on a permanent basis to one of the ten bedded areas within the home. This meant the people living at the home could expect care to be delivered by the same staff team.

We spoke with four staff members about this and they all told us they were happy with the new way of working. One staff member said "It's lovely to be on the same suite. You really get to know people. You can take your time with people more as you don't have to rush about as much. We definitely get to spend more quality time with people." Another staff member told us "I like working on my suite. We have fun with people and we try to make it as homely for them as we can."

We spoke with one person who lived at the home as they were dusting in their room. They told us "I like to dust and clean. I'd be doing this at home so it's my way of keeping busy. I'll be taking the biscuits round after lunch; it's nice to be useful." Another person told us "I help set the tables and do the drinks at lunch time. It's a nice feeling to be joining in. They don't ask me to do it, I enjoy it." One of the staff members we spoke with told us they

encouraged people to join in when setting the tables, folding clothes and organising activities. They told us "One person really loves art. They are like a different person when they sit down to draw a picture, they are so relaxed. Others on the suite join in too and they all get on. It's a really nice atmosphere and doesn't feel like work at all."

We observed how people were spending their time throughout our inspection. On all of the four suites we saw people were in the lounges being supported and engaged with by staff. We saw music was on and people were sat chatting. The atmosphere throughout the home was relaxed and we saw staff were visible in the areas where people were seated.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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