

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

## Castle Park

176 Siddalls Road, Derby, DE1 2PW

Tel: 01332726283

Date of Inspection: 16 July 2014

Date of Publication: August 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Consent to care and treatment**

✓ Met this standard

## Details about this location

Registered Provider	HC-One Limited
Registered Manager	Ms Denise Brownlee
Overview of the service	Castle Park provides personal and nursing care for up to 40 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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*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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We carried out this inspection to check whether Castle Park had taken action to meet the following essential standards:

- Consent to care and treatment

This was an announced 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 16 July 2014, talked with people who use the service and reviewed information given to us by the provider.

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### What people told us and what we found

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Our previous inspection visit in April 2014 found that the service was not consistently obtaining people's consent to their care treatment or establishing whether or not people had the capacity to make decisions for themselves. We found this had improved on this inspection visit. This is a summary of what we found.

Is the service safe?

We saw assessments of people's capacity to make decisions were completed and that assessments about specific decisions were completed where necessary. This meant the service was now ensuring people and their representatives were involved in making decisions about their care and treatment.

Is the service effective?

People we spoke with told us they were satisfied with the service. One person told us "They'll do anything for you" and confirmed their care was being provided as planned. We saw care records were up to date.

Is the service caring?

People we spoke with told us they enjoyed using the service. One person said "I like everything, it's top class".

Is the service responsive?

We found the service had arranged further training on the Mental Capacity Act since our previous inspection visit in April 2014. This meant staff were kept up to date with knowledge and guidance on consent, capacity and decision making.

Is the service well led?

The manager confirmed that she was aware of recent legal judgements regarding the Deprivation of Liberty Safeguards (DoLS) and the provider supplied a copy of the guidance given to its services confirming that work would be taking place to ensure DoLS applications were made as required. We found the manager had been undertaking audits

of records that included checking whether people's consent had been obtained. The audit carried out in July 2014 confirmed that the majority of people had a completed consent document.

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

People we spoke with told us they enjoyed using the service and said that staff explained how they were going to assist them. One person told us "They'll do anything for you". They also confirmed their care was being provided as planned

Our previous inspection visit in April 2014 found that the service was not consistently obtaining people's consent to their care treatment or establishing whether or not people had the capacity to make decisions for themselves. We looked at the information provided by the service in their action plan in June 2014. This showed us that relevant action had been taken and consent forms were being reviewed and completed everyone using the service.

The manager told us that no one using the service was currently subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. This is the process a registered provider follows to establish whether people are able to make decisions about their lives and whether restricting them in any way is in their best interest. A recent judgement on 19 March 2014 by the Supreme Court widened and clarified the definition of deprivation of liberty. It confirmed that anyone who required continuous supervision and would not be safe to leave the home independently would be deprived of their liberty and safeguards must be put in place to protect their rights. Discussions took place with the manager regarding this and how this will impact on the provider's responsibility to ensure DoLS are in place for people using the service. The manager confirmed that she was aware of this recent judgement and the provider supplied a copy of the guidance given to its services confirming that work would be taking place to ensure DoLS applications were made as required.

We looked at six people's records and saw that these documents had been signed by the person or their representative. They also showed us assessments of people's capacity to make decisions were completed and that assessments about specific decisions were completed where necessary. This meant the service was now ensuring people and their

representatives were involved in making decisions about their care and treatment.

We also saw the manager had been undertaking audits of records that included checking whether people's consent had been obtained. The audit carried out in July 2014 confirmed that the majority of people had a completed consent document.

The provider also confirmed that further training had been arranged on the Mental Capacity Act since our previous inspection visit in April 2014. One member of staff had completed this and a further five were to undertake it. This meant staff were kept up to date with knowledge and guidance on consent, capacity and decision making.

## 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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