

Review of compliance

Modelfuture Limited Castle Park	
Region:	East Midlands
Location address:	176 Siddalls Road Derby Derbyshire DE1 2PW
Type of service:	Care home service with nursing
Date of Publication:	September 2011
Overview of the service:	Castle Park provides accommodation for people who require nursing or personal care, treatment of disease, disorder or injury and diagnostic and screening procedures for up to 40 older people.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Castle Park was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 September 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People told us their privacy and dignity was respected by the nurses and care workers. Their comments included "on the whole the staff are very good. The routine has become more flexible than it was. Staff acknowledge our wishes better than they used to". People told us they were not sure whether they had a choice of rising/retiring and would like more of a delay between staff knocking on their bedroom door and entering.

People receive the care they need. One said "the staff are quite good at getting the doctor in. The nurses have improved and if you need something they see to it pretty quickly and they keep an eye on it". There were plenty of activities for people to join in and they were also able to access their local community. One person told us "if someone wants to go into town the activity person will do her utmost to see that they do that".

People received the medications they needed and were safe living in the home. People were consulted about the way the service was run although how their views influenced decision making was not well evidenced.

What we found about the standards we reviewed and how well Castle Park was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People understand the care, treatment and support choices available to them and can

express their views.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. Reviews of care are not always recorded but take place.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People are protected from abuse, or the risk of abuse. Peoples human rights are respected and upheld but records do not fully support this where bedrails are used as written consent is not gained.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People receive the medication they need and at appropriate intervals. Some minor recording errors means there is not always an accurate record made of what medicines people receive.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People are safe and have their health and welfare needs met by competent staff.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. People's views are sought but how these are taken into account in the delivery of the service is not well evidenced.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that staff treated them with dignity and respect. They also told us that they were mostly able to make choices about how they spent their time. One person said "I suppose I could go to my room, but I'm quite content to sit here (in the lounge)". One person said they were not sure about whether they had a choice of rising/retiring times. They told us "sometimes I would like to stay in bed, but the staff tell me it's time to get up. The staff have so much to do I don't mind." Another person said "on the whole the staff are very good. The routine has become more flexible than it was. Staff acknowledge our wishes better than they used to". People's preferred routines were recorded in their plans of care.

When we asked one person whether staff maintained their dignity they told us "yes definitely they do". People also said that their privacy was respected and we observed staff routinely knocking on bedroom doors, to request permission before entering. One person said "on the whole your privacy is respected. They (staff) knock but I would like a bit more of a delay before they come in to give me time if I am dressing myself".

Other evidence

The registered manager told us there were members of staff employed at the home who acted as 'dignity in care champions'. A wall mounted display had been erected

near the main lounge, this contained photographs of the two dignity champions. It also gave advice for care workers and nurses on how they could promote people's dignity. We were sent a report on a care home quality monitoring visit undertaken by Derby City Primary Care Trust. This was dated July 15th 2011. This recorded that 'the service provider was able to evidence consideration of dignity needs for service users at all times'.

We looked at people's care files, these showed that they had signed to give their consent to some of the treatment they received and that they were involved in their initial assessment and subsequent care reviews. Care plans were written in a way that suggested people had been consulted but did not always record agreement from the person or their advocate.

Our judgement

People understand the care, treatment and support choices available to them and can express their views.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Visits by health care professionals within the community such as GP's were recorded in the care files that we saw. This showed that people were receiving medical attention and being taken for out patients appointments when they needed them. One person told us "the staff are quite good at getting the doctor in. The nurses have improved and if you need something they see to it pretty quickly and they keep an eye on it". One person told us they had been seen by a physiotherapist the previous day.

One of the areas that people told us they were concerned about was the shortage of a second disabled toilet off the main lounge. Although people told us that staff assisted them to the toilet when they needed help, people told us that they often got anxious about getting to the toilet on time because of queuing. In a care home monitoring visit undertaken by Derby City Council Primary Care Trust in July 2011 people had also said there were not enough toilets. This meant they sometimes had to wait a long time to be taken.

The activities coordinator showed us a file that she kept; this had an individualised social care assessment, care plan and record of activity carried out. This supported that people had their social needs assessed and met. People told us that they were involved in activities such as dominoes and skittles. They also told us they were taken outside the home. One told us they went to the nearby public garden during fine weather. Another person told us "if someone wants to go into town the activity person will do her utmost to see that they do that". One person had been out to an Art Club in their local community on the morning we visited. This person told us that the activity coordinator

arranged for clothes shows, music events and that recently someone had brought in exotic animals to hold. They told us they had enjoyed this experience. In the reception area was a plan for the activities to be undertaken with people over the next three months.

Other evidence

We looked at three care files belonging to people with a range of different needs. We saw that peoples needs had been assessed prior to them being admitted. Once admitted clear plans of care had been written. These were written in enough detail to ensure that staff caring for people could gain a clear understanding of their care needs.

People had risk assessments in place in the areas of falls, moving and handling, nutrition, continence and skin condition so that preventative care could take place.

We saw that one persons care was being reviewed monthly up to June 2011, and then there had been no further reviews. In their care file there was a request to monitor their weight weekly rather than monthly as they had been assessed as nutritionally at risk. We saw a weight record that had been undertaken weekly but this had stopped being written on in July 2011. Subsequent records of weight had been made but were not as frequent. There was no record in their care plan to provide a rationale as to why the frequency of these checks had been reduced. A second care file contained care reviews up to July 2011. After this time some new care plans had been written but existing ones had not been reviewed. Daily records of the care given did support that people had continued to receive the care they needed.

A new recording system for people who had an indwelling catheter in place had been started. This meant that nurses and care workers had a clearer record of the management of the catheter and the care they had given.

We have recieved one safeguarding concern in 2011. The details of this suggested that the person did not have their needs met at the home. A subsequent care home quality monitoring visit report from Derby City Primary Care Trust dated July 15th 2011 recorded that the standard of care planning in the home was generally good. They also recorded that an activities co-ordinator had a programme of activity for people to participate in. An area identified for improvement was in the assessing and recording of needs for people with cognitive impairment such as dementia type illnesses.

In August 2011 the registered manager told us that she had reminded care staff about assisting people to alternative toilets if people were waiting. She also told us that she had improved care plans for people with cognitive impairment. We saw examples of the new care plans. These were very detailed.

Our judgement

People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. Reviews of care are not always recorded but take place.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us they felt safe living at the home and that the staff treated them well. One person said that they "definitely feel safe". They also said "they (staff) don't speak nastily to you, they are all really friendly".

Other evidence

A care home quality monitoring visit report undertaken by Derby City Primary Care Trust dated July 15th 2011 recorded that 'where aggressive behaviours are displayed, the service provider evidences appropriate management techniques'.

Two people's care files recorded that they needed bedrails at night to prevent them falling from the bed. As this equipment provides a degree of mechanical restraint a risk assessment was in place which clearly recorded why the person needed them. We saw that the person or their advocate had not signed to give their consent for the use of this equipment but a record had been made that they had requested this equipment.

There was an internal trainer for safeguarding on duty. The registered manager sent us a training matrix in August 2011. This showed that most staff had received training in keeping people safe in the past 12 months. Those who had not attended this were clearly identified. The staff training matrix identified Deprivation of Liberty and Mental Capacity Act training as part of the standard training that all staff should receive. One registered nurse told us they had recently attended a course on Deprivation of Liberty and had a DVD for care workers to use to provide them with an insight into these topics.

Our judgement

People are protected from abuse, or the risk of abuse. Peoples human rights are respected and upheld but records do not fully support this where bedrails are used as written consent is not gained.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People told us that they received the medication they needed at a time that suited them. One person said "they (staff) sort all that for you, you don't have to worry about that". Another told us "I have my tablets late, that's my choice and they (staff) are very good about it".

Other evidence

The registered nurse on duty wore a coloured tabard when giving out medicines to remind care workers that they should not be disturbed. The nurse ensured that people had swallowed their medications before leaving the room. We checked the record of medicines given. All had been signed for. Correct codes had been used where people did not require their tablets. We found that the amount of medicine given had not been recorded each time for one variable dose medication and that nurses had made a minor error in recording some medication that had not been given. Neither of these issues had prevented people from receiving the medicines they needed.

All registered nurses employed received medication training in May 2011.

Our judgement

People receive the medication they need and at appropriate intervals. Some minor recording errors means there is not always an accurate record made of what medicines people receive.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that the staff were competent to do their job and felt that they had the right skills and training. One person said "they seem to know what they are doing" another told us "the staff are very good, you can't complain". Staff were described as helpful and caring.

We observed staff using equipment correctly and undertaking moving and handling procedures in a safe way. One member of staff told us they had recently attended training sessions on Deprivation of Liberty and medications. Many of the staff had extended their skills to enable them to provide in-house training to other staff members.

Other evidence

A care home quality monitoring visit Derby City Primary Care Trust dated July 15th 2011 showed there was evidence of continual staff development through a programme of training in a range of subjects.

The registered manager sent us a training record for all staff in August 2011. This also showed that there was a planned approach to ensuring that staff were appropriately trained.

Our judgement

People are safe and have their health and welfare needs met by competent staff.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People were being consulted about the operation of the home, but any action taken as a result of gaining their views was not well evidenced. Questionnaires had been sent to people who used the service in 2011, the registered manager told us these were sent out twice a year. No action plan had been devised when questionnaires had been returned. The registered manager told us that she had dealt with any issues individually.

One person told us that residents meetings were held and that minutes were taken. We saw the minutes of a residents meeting dated 9 May 2011. This supported that people had been consulted about meals, trips out, care, laundry services and their environment. Feedback gained did not result in an action plan for improvement although the registered manager told us that she had taken some action to improve meals. The last monitoring visit report by the registered provider on 23 August 2011 recorded that the views of three people had been sought and all said they were satisfied.

Other evidence

The area manager was visiting the home when we arrived. The registered manager told us that they often visited and provided ongoing support with the management of the service. There was evidence of ongoing internal quality monitoring. We saw records of audits of care files completed by the manager at various points throughout 2011. She had also carried out monthly catering audits and the deputy manager told us that medication audits were also carried out.

An internal audit was being carried out by the registered provider; the last one was carried out in May 2011. The documentation covered most aspects of care and services provided. A risk assessment, action plan and date the action was completed was seen along with the outcome of the audit. A separate health and safety audit was also recorded for February 2011 and the registered manager told us that a second one had been completed in August 2011. Managers meetings were also being held monthly and one was planned for the week we visited. These offered registered managers support and allowed them to share areas of good practice.

Our judgement

People benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. People's views are sought but how these are taken into account in the delivery of the service is not well evidenced.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. Reviews of care are not always recorded but take place.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. Reviews of care are not always recorded but take place.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. Reviews of care are not always recorded but take place.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse

	<p>Why we have concerns: People are protected from abuse, or the risk of abuse. Peoples human rights are respected and upheld but records do not fully support this where bedrails are used as written consent is not gained.</p>	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns: People are protected from abuse, or the risk of abuse. Peoples human rights are respected and upheld but records do not fully support this where bedrails are used as written consent is not gained.</p>	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns: People are protected from abuse, or the risk of abuse. Peoples human rights are respected and upheld but records do not fully support this where bedrails are used as written consent is not gained.</p>	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns: People receive the medication they need and at appropriate intervals. Some minor recording errors means there is not always an accurate record made of what medicines people receive.</p>	
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns: People receive the medication they need and at appropriate intervals. Some minor recording errors means there is not always an accurate record made of what medicines people receive.</p>	
Treatment of disease, disorder	Regulation 13 HSCA	Outcome 09: Management of

or injury	2008 (Regulated Activities) Regulations 2010	medicines
	<p>Why we have concerns: People receive the medication they need and at appropriate intervals. Some minor recording errors means there is not always an accurate record made of what medicines people receive.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: People benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. People's views are sought but how these are taken into account in the delivery of the service is not well evidenced.</p>	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: People benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. People's views are sought but how these are taken into account in the delivery of the service is not well evidenced.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: People benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. People's views are sought but how these are taken into account in the delivery of the service is not well evidenced.</p>	

The provider must send CQC a report about how they are going to maintain compliance

with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA