Inspection Report

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

Castle Hill House

Bimport, Shaftesbury, SP7 8AX

Tel: 01747854699

Date of Inspection: 17 June 2013

Date of Publication: July 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Cedars Castle Hill
Registered Manager	Mrs. Nora Bernadette Ballard
Overview of the service	Castle Hill House provides accommodation and personal care for up to thirty older people, including people with dementia.
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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Speaking to visiting professional

What people told us and what we found

People's privacy and dignity was maintained and their independence and choice were respected.

One person told us that the care they received met their needs and another person told us that the staff were "lovely. They do everything." A relative told us that staff looked after their relative well and a visiting professional told us if the staff were unsure of anything they would ask.

People were able to summon help and assistance. We observed staff meeting people's needs in accordance with their care plan.

The home was in a good state of repair and there were rails around the home to promote people's independence.

Staff felt supported to carry out their role and received training, supervision and appraisals.

People had access to information about how to make a complaint within the home and to external agencies. The home had a system to identify and manage formal and informal complaints.

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

At our inspection in January 2013 we found that people's privacy and dignity was not always respected and they were not always treated with consideration. The provider wrote to us and told us improvements would be made.

During this inspection we found that improvements had been made.

People's privacy and dignity was maintained. We saw that people's bedroom doors were closed when they were being assisted with personal care. We observed staff knocking on people's doors before entering their rooms.

People's independence and choice were respected. We saw that people were able to make choices about their daily life. For example, one person told us that they preferred to stay in their room and they were able to do so. They also told us that they had certain likes and dislikes with regards to food and that staff respected these. Another person told us that they preferred their breakfast in their room. We saw that their breakfast was served for them in their room.

We saw that people were treated with consideration and respect. For example, we observed staff assisting a person using a moving and handling aid. Staff explained what would be happening throughout the manoeuver and staff talked to the person in a respectful manner throughout.

We looked at the care records of four people and saw that in two of the records there was evidence of involvement of the person. However, there was no evidence that two people had not been involved in planning their care. There was no evidence that relatives or an advocate had been involved on the person's behalf. The provider may find it useful to note that people or those acting on their behalf should be involved in their care planning.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At our inspection in January 2013 we found that people did not experience care, treatment and support that met their needs. Care planning did not incorporate issues around medicines management. The provider wrote to us and told us improvements would be made.

During this inspection we found that improvements had been made.

People we spoke with were positive about the care they received. We spoke with four people, a visiting professional and two relatives. One person told us that the care they received met their needs and another person told us that the staff were "lovely. They do everything." A relative told us that staff looked after their relative well and a visiting professional told us if the staff were unsure of anything they asked for advice.

Assessments of care and treatment had been carried out. We looked at the care records of four people and saw that each person's needs had been assessed. For example, one person had been assessed as being at high risk of pressure area damage. The person had a risk assessment for the use of a pressure area air mattress. We saw that the mattress was in use and was on the correct setting according to their weight. There was also a pressure area mattress record which demonstrated that the mattress setting was monitored daily.

Risk assessments and care plans were completed and updated. We looked at the care records of four people. We saw that risk assessments and care plans had been reviewed and were updated according to changes. For example, we saw in one person's records that their needs for moving and handling had changed. Their care plan had been updated to reflect the changes.

The provider told us that there was one person living in the home who required medicines administered covertly at times. We reviewed the person's care records. We saw that a risk assessment and care plan were in place to support the administration of the medication covertly.

The planning and delivery of care did not always meet people's individual needs. We observed two moving and handling manoeuvres. We observed that these manoeuvres were undertaken in a safe manner. We looked at the care records of one of the people and saw that the manoeuvre was in accordance with their care plan.

We looked at the care records of four people and found that the planning and delivery of care met the needs of three people. For example, one person required the support from a member of staff to assist them with a drink. We observed that staff supported them in an appropriate manner. However, one person's care records demonstrated that they required thickened to their fluids due to difficulties swallowing. The care plan did not specify how much thickener was required to ensure that the fluid was at the correct consistency. We spoke with two staff who gave differing accounts of how much thickener to add to determine the correct consistency. We also saw that the person had a history of urinary tract infections and their care plan stated that staff were to encourage fluids. However, there was no optimum amount recorded. We saw on the fluid balance chart that the fluid intake varied. Staff were unclear as to the amount of fluid the person should receive. The provider may find it useful to note that the planning and delivery of care must meet people's individual needs.

People were able to summon help and assistance. We saw that people had access to call bells and they were responded to within a short period of time. One person told us that they pressed their call bell if they wanted to summon help and they did not have to wait too long for it to be answered. Another person told us, "If I ring the bell, they come."

Staff demonstrated a good understanding of some people's needs. We spoke with four staff who all demonstrated that they understood the needs of people. However, the planning of care did not enable them to understand how to meet people's needs. For example, staff gave different accounts about how to meet the pressure area care needs of a person. The provider may find it useful to note that staff must have an understanding of how to meet all people's needs.

People had the opportunity to participate in activities. We spoke with four people who all told us that they were able to access activities. One person told us "You can do any activities you want, there is always something." We observed people involved in activities including singing, playing games and knitting. One person who preferred to stay in their room told us that they were involved in activities as they chose. However, one person who was supported in their room did not have regular access to activities. The provider may find it useful to note that all people need to have access to activities.

People had access to healthcare professionals to meet their specific needs. One person told us "If I need a doctor, they (staff) get one." At the beginning of our inspection it was evident that one person's wound dressings required reviewing. We saw that staff had requested this person to be reviewed and a professional visited on the day of our inspection. There was evidence in each of the records we reviewed of input from healthcare professionals. This included chiropodists, GPs, opticians and district nurses. The care input from these professionals was recorded in people's daily records.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

People were protected against the risks associated with unsafe or unsuitable premises because the appropriate measures were in place in relation to the security of the premises. The main door to the home was locked however people were able to leave the home if they wanted to. Visitors signed a visitor's book when they arrived and left the home.

We observed the home to be in a good state of repair. During our inspection we observed planned maintenance underway. There were hand rails around the home to support people's independence. We saw that there were radiator covers to radiators and there was no exposed pipework.

We saw that there were some visual aids around the home to help people identify key areas. For example, on each person's room door there were large photographs of them. However, there were no visual aids to help people find their way around the home from one area to another and there was no consistent use of pictures for rooms such as bathrooms to support people to independently navigate around the home. The provider may find it useful to note that suitable arrangements must be made to ensure that people are independent within the whole environment.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our inspection in January 2013 we found that people were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard because their competency was not assessed or recorded. The provider wrote to us and told us improvements would be made.

During this inspection we found that improvements had been made.

Castle Hill House provides personal care for older people, some of whom have dementia. We looked at the training matrix. We saw that 34 out of 37 staff had completed training in dementia care. Two of the staff who had not completed the training had been employed for less than four weeks.

Training was undertaken and we saw evidence that the majority of staff were up to date with training such as, fire, food hygiene, infection control, safeguarding adults, Deprivation of Liberty Safeguards and the Mental Capacity Act.

Staff told us that they felt supported. We spoke with four staff who all told us that they felt supported. Staff received supervision and were supported in relation to their responsibilities. We looked at four staff files. We saw that three staff had received supervision and one had not. The member of staff who had not received formal supervision had worked in the home for less than four weeks and was undertaking their induction. Where staff had received supervision, it focused on staff progress and training. We also saw that staff had observations in practice in relation to the administration of eye medication and delivery of personal care.

Staff received appraisals. We looked at four staff records. Two staff had not been employed for a year however two staff had been employed for longer than one year. We saw that one of the staff who had been employed for a number of years had received an appraisal. We saw that training and development needs were considered as part of the appraisal process. However, one member of staff who had been employed for longer than a year had not received an appraisal. We saw that plans had been made to ensure that this member of staff received an appraisal prior to our inspection.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

At our inspection in January 2013 we found that formal complaints were being managed but informal or verbal complaints were not always identified or investigated. Also, information given to people did not include contact details of the local authority or the Local Government Ombudsman. The provider wrote to us and told us improvements would be made.

During this inspection we found that improvements had been made.

We spoke with two relatives. One relative told us that they had "never had cause for concern" and the second relative told us they had "nothing to complain about."

There were effective systems in place to handle complaints. The home had a complaints procedure which had been revised since our previous inspection. The procedure included contact details for making complaints outside the home including the Government Ombudsman and local authority. The procedure highlighted if people were unhappy in any way at all they could report their concerns. There was an information booklet in each person's room which included the home's current complaints procedure.

Formal complaints were handled and responded to appropriately. Where formal complaints had been made, they were recorded in the complaints book. We saw that action had been taken to resolve the complaint and the outcome was recorded.

The home had a system in place to identify verbal and informal complaints. We saw that a complaints file was in use and verbal and informal complaints were recorded. We saw that action had been taken to resolve the complaint and the date the action was taken. For example, one person complained that their breakfast was cold by the time they got to eat it. We saw that the home had implemented a new breakfast routine and that people were able to be served their breakfast when they were ready. We saw in the complaints file, the person had reported that they were happy with the action taken.

Staff told us they would report complaints. We spoke with four staff. Three staff told us that they would record a complaint in the complaints file but one member of staff told us that they had "never been told I have to record anything about it." They did, however state that if they felt they could not deal with the complaint they would inform a senior member

of staff. The provider may find it useful to note that all staff need to be aware of the homes policies on complaints.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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