

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

Castle Park

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

Care and welfare of people who use services	✘	Action needed
Cleanliness and infection control	✔	Met this standard
Management of medicines	✘	Action needed
Assessing and monitoring the quality of service provision	✔	Met this standard
Complaints	✘	Action needed

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 Diagnostic and screening procedures Treatment of disease, disorder or injury

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

Why we carried out this inspection

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

- Care and welfare of people who use services
- Cleanliness and infection control
- Management of medicines
- Assessing and monitoring the quality of service provision
- Complaints

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 7 January 2014, observed how people were being cared for and talked with people who use the service. We talked with commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We received information in December 2013 that suggested there were concerns regarding people's care and welfare, particularly regarding staff attitude, moving and handling arrangements and the level of assistance offered. People told us they were well looked after and we saw that they were treated respectfully during our visit. Records associated with specific care needs, such as fluid intake, had improved since our previous visit in July 2013. However, we saw that mealtimes were disorganised and were not a pleasurable experience for some people.

People gave us mixed feedback about whether they could put suggestions forward about the service they received. One person we spoke with was unsure whether they could express any concerns they had but another told us they would speak to the manager and thought she would sort any issues out. We noted that people and their relatives had not been involved in meetings in 2013. This meant that people and their relatives were not fully involved in the service. There had also been some repeated complaints of a similar nature over a twelve month period.

The premises were clean and tidy and we saw that the monitoring of infection control practice had improved since our previous visit in July 2013.

Medication storage was satisfactory but there were errors in the recording of medicine administration that did not ensure people received their medicine correctly.

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

What we have told the provider to do

We have asked the provider to send us a report by 21 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

A lack of involvement by people in their care planning and inconsistencies in the delivery of care had the potential to adversely affect people's health and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Most people we spoke with told us they were well looked after and we saw they were treated respectfully. They told us they enjoyed their meals and one person said "The food is great".

We received anonymous information in December 2013 that suggested people's care and welfare was not properly maintained. We were told people were not assisted properly when eating, that inappropriate moving and handling techniques were used and some staff were rude and shouted at people. The concerns raised also suggested pressure ulcer care was not maintained and people were not checked regularly.

From our observations during this inspection undertaken in January 2014 and information from Local Authority and Clinical Commissioning Group (CCG) visits in December 2013 some of this information was confirmed. In December 2013 it had been identified that some records, such as fluid charts and nursing records, were not up to date but this had improved on subsequent visits in January 2014. One person told us they did not like a specific member of staff's attitude and we saw in the complaints record that three complaints in a twelve month period had been made about staff attitude. We discussed this with the manager who told us this had been addressed through company procedures. We did not see anyone being moved inappropriately during our visit and people were assisted properly at meal times.

During our inspection we noted that risk assessments were in place for falls, nutrition and moving and handling. These had been updated monthly. We saw there were specific plans for preventing or treating pressure ulcers and these were up to date and reviewed on a monthly basis. Where there were specific tasks needed, such as turning people or checking bedrails, we saw these were up to date. We saw there was social history information available and that people's preferences were recorded.

Information from the CCG in December 2013 noted a lack of mental capacity assessments. We saw in one record we looked at that it stated the person did not have capacity to make decisions due to communication difficulties but there was no information on how to communicate effectively with the person. This showed a lack of understanding about decision making and meant the person was potentially not fully involved in planning or agreeing their care.

Our observation of the lunchtime meal showed us that the arrangements in place were disorganised. Some people were waiting up to 45 minutes before their meal was served and some had finished their meal before others had received theirs. We heard one person asking where the fish in their meal was when it was the main ingredient. This meant the meal time experience was not always satisfactory.

We saw people were assisted properly with eating where necessary. A choice of main meal was offered but there were no jugs of drinks available in communal areas between meals, although a hot drink was served.

Although an activities programme was drawn up and there was a monthly newsletter produced by people using the service, we saw little activity during our visit. Individual hand massage was offered but we saw televisions on with no one watching and people sleeping. People told us there was chair based exercise available occasionally and there had been outings in December 2013.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

At the time of our inspection undertaken in July 2013 we identified that there were some areas related to infection control that required improvement. During this inspection we saw that the premises were clean and tidy and staff were able to describe their cleaning regimes. There was antiseptic gel available by the lifts (although the provider should note there was none readily available in the dining area where lunch was served) and handwash dispensers and paper towels in the toilets. We saw that specific items, such as light pull cords, blinds and fans and the hairdressers equipment were now clean. We also saw people's individual rooms were clean and tidy and checks on rooms were being carried out weekly. This had improved since our previous visit in July 2013.

We looked at the cleaning schedules and saw that these identified areas of cleaning to be undertaken on a daily basis and when they were completed.

We saw staff using personal protective equipment such as gloves and aprons, although these were not in use for the serving of the lunchtime meal. We saw there was access to the relevant Department of Health Guidance on controlling infections. This meant staff had the knowledge and training to prevent the spread of infection.

We looked at infection control audits and saw that these were up to date with the last one being completed in November 2013. It looked at key areas such as cleanliness in specified areas, waste disposal, fluid spillages and equipment. The audit showed that the service had scored 91% in infection control practice and identified actions had been undertaken.

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

Our judgement

The provider was not meeting this standard.

Inaccuracies in the recording of medication and inadequate handling of medicines did not ensure people received their medication safely or as required.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We received information in December 2013 that suggested medication was not being administered properly and that it was being left on tables without ensuring it had been taken by the relevant person. Our observation during the lunchtime meal did not confirm this information but we saw that the person administering the medication touched tablets with their hands without using gloves or any other protective equipment. This means medication is not handled hygienically and poses a risk of cross contamination.

We discussed medication administration procedures with the member of staff who had lead responsibility for medication management. They explained the medication system that the service now operated, which was computerised and left fewer margins for error. For example, it identified the amounts of medicines available and if a medication was being given at the wrong time. We saw people's allergies were recorded, there were photographs to aid identification and codes were used correctly. We saw an example of covert administration being used and saw the service had obtained confirmation from a General Practitioner regarding this.

We looked at three people's medication records and saw that they were completed accurately in the computerised system. We saw the system highlighted people's allergies, the time span from the last administration of a drug and alerts if there was not a sufficient time span between each administration. However, on one person's chart we saw that the amount of medication recorded for two medicines did not correspond accurately with the stock held. In both cases, there was more medicine available although it had been signed as given. This meant it was unclear whether or not the person had received their medication correctly. We also saw there were daily stock checks undertaken but these had not identified the inaccuracies in the stock balance. This meant that audits were not being used effectively.

We looked at the controlled drugs in use in the service and found that the record was accurate and corresponded with the amount of medicines held.

We saw that the storage of medicines was satisfactory and a random stock check showed that medicines were within their expiry dates. We saw that the medication refrigerator temperatures were recorded on a daily basis and were within safe limits and that medicines with a short shelf life were labelled with the date they were opened.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

All the people we spoke with told us they had not attended the residents' meeting and there was little feedback from relatives. The provider should note we saw records that showed meetings for relatives were held monthly but on each occasion in 2013 the record stated that no one attended. This indicates the service is not proactive in making such meetings meaningful or exploring other ways of obtaining feedback.

The manager told us that a survey for people using the service had been recently undertaken but the results of these were still in the process of being analysed. We saw that staff meetings were held regularly, the most recent being in November 2013. We also saw that daily briefings for staff were recorded.

Our previous visit in July 2013 found that some audits in relation to infection control were not being acted on. We found this had improved and that cleaning and room audits now showed that any areas requiring attention had been rectified.

We saw that the provider had well established quality assurance procedures that included monthly audits of key records such as medication records, regular meetings with staff, reviews of the support people using the service received and a clear complaints procedure. Records we saw confirmed that audits of medication records were up to date. The area manager also undertook monthly quality visits and identified areas for actions; for example, the report for December 2013 stated that fluid and food charts were not completed consistently. We found this had improved on this visit and the records we saw were up to date. We also saw daily checks of the environment were undertaken, were up to date and any issues requiring attention were reported.

Records also confirmed that staff supervision took place and we saw that these occurred approximately monthly with the most recent being recorded as December 2013. This meant that staff received regular guidance and support.

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

The management of repeated complaints did not ensure people's concerns were addressed effectively.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People gave us mixed feedback about whether they could raise any concerns about the service they received. One person we spoke with was unsure whether they could express any concerns they had but another told us they would speak to the manager and thought she would sort any issues out. We did not see complaints information or feedback forms that were easily accessible to people. We also saw that people and their relatives had not attended any monthly meetings arranged by the service during 2013.

We saw the service had a written summary of complaints and it indicated what action had been taken to resolve the issues raised. We saw there were three complaints raised during a twelve month period about the same issue of staff attitude and this also corresponded with the information of concern we had received at the Care Quality Commission in December 2013. This meant that repeated issues were not being dealt with effectively.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	How the regulation was not being met: Inconsistencies and lack of involvement in the delivery of care did not ensure people's health and safety. Regulation 9 (1) (b)
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	How the regulation was not being met: People were not fully protected against the risks associated with the use of medicines due to inappropriate handling and recording. Regulation 13
Treatment of disease, disorder or injury	
Regulated activities	Regulation

This section is primarily information for the provider

Accommodation for persons who require nursing or personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints
Diagnostic and screening procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	The management of complaints did not prevent or reduce of the impact of inappropriate care. Regulation 19 (1) and (2)

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 to us by 21 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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