

Juniper Manton Limited

# Castlerea House

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 8 and 10 August 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance.

Castlerea House is a privately owned care home located in the Salford area of Manchester. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC, regulates both the premises and the care provided, and both were looked at during this inspection. Castlerea offer support to up to 10 people who have a mental health need and require assistance with personal care and support. At the time of inspection there were 10 people living in the home.

At our last inspection in December 2017 Castlerea was rated as Inadequate, with multiple breaches of the regulations identified. These were with regard to; safe care and treatment, staffing, premises and equipment and good governance. Warning notices were issued due to the concerns with safe care and treatment and good governance. Since then the home had entered a Service Improvement Plan (SIP) with Salford local authority which involved a series of multi-agency meetings to support the home to make the improvements needed. This comprehensive inspection checked to see if the concerns from the previous inspection had been addressed.

The home was safe. People were protected from the risk of harm and abuse. Risk assessments had been completed and addressed the risks associated with all aspects of people's health and social care needs. Medicines were managed safely and there had been significant improvement in record keeping. There remained some gaps in signing on the records which had not been identified by audits. The standard of cleaning throughout the home had improved and there were regular cleaning routines. The quality of the environment had been improved with new flooring in some areas.

Staff had received increased levels of training which they told us had improved their skills and knowledge. Training was organised more effectively with the registered manager being aware of when people needed refresher training.

The home was meeting its' obligations under the Mental Capacity Act 2005 (MCA). People's capacity to consent to receive care and treatment had been fully assessed.

People were supported to maintain their health and wellbeing and had support to make and attend appointments when they needed it.

People living in the home told us they thought the staff were caring and kind. We saw staff interactions were kind and respectful. There was a Charter of Rights which detailed what people could expect in relation to their care and how they were treated.

People received personalised care that was responsive to their needs. There was evidence in the care plans

that people had been involved and had set their own goals. The home emphasised people's qualities and aimed to build on self esteem.

Several people arranged their own activities but there were also some activities organised by the home, including; day trips out, pub lunches, a reading and poetry group, art classes and exhibitions. The home had also held a coffee morning to benefit the Macmillan charity.

There was a complaints policy which was displayed. There were no numbers on the information available to show people how to raise their concerns outside of the home. We discussed this with the registered manager who advised everyone had telephone numbers in their mobile phones but they would review this. We will look at this at our next inspection.

Governance in the home had improved. We could see the management team had more oversight of record keeping which had improved. Staff told us they were more aware of the importance of record keeping. There remained some gaps with medicine records which had not been identified by the audit process. We discussed this with the registered manager and will review this at our next inspection.

The home had links with other organisations and care homes through HAELo project which aims to improve safety and quality in care homes.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People living in the home told us they felt safe because there was always someone around and they could talk to people when they needed to.

People were protected from the risk of harm and abuse and staff understood what might be a concern and how to report this both within and outside of the service.

Risk assessments were in place to support people to manage the risks in their daily life.

### Is the service effective?

Good ●

The service was effective.

People's needs had been assessed thoroughly before admission to ensure the home was the right place to meet their needs.

Staff were skilled and knowledgeable about the needs of the people they supported. Staff received regular training to ensure they remained up to date. The home had a system in place to ensure people had regular refresher training.

The home was working within the principles of the Mental Capacity Act 2005. People's ability to make decisions and consent to care and treatment had been fully considered.

### Is the service caring?

Good ●

The home was caring.

People we spoke with said they felt well cared for and praised the kindness of the staff. We saw positive and respectful relationships between people living in and working at the home.

People's backgrounds, culture and religion had been considered and respected. Different festivals were celebrated throughout the year which reflected people's backgrounds.

## Is the service responsive?

The service was responsive.

People received care that was personalised and responsive to their needs. People had been involved in decisions about their care.

People's needs had been reviewed and updated regularly.

People had been supported to express their views about the service and we could see how the home had responded to this.

Good 

## Is the service well-led?

The home was not consistently Well Led.

There had been significant improvements overall but auditing systems were not fully effective in identifying some gaps in medicine records. We were confident medicines had been managed safely but the records had not reflected this.

People working in the home told us leadership was clear and they understood what was expected of them in relation to their role.

The home had engaged positively with support provided by Salford quality team to improve the quality of the service.

Requires Improvement 

# Castlerea House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 10 August 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance. The inspection was carried out by one adult social care Inspector and one Assistant Inspector.

Prior to the inspection we reviewed all of the information we held about the home in the form of notifications, previous inspection reports, expected and unexpected deaths and safeguarding incidents. We reviewed the outcomes from the action plan completed with Salford quality assurance team; this would indicate if there were any particular areas we needed to focus on.

We spoke with a broad range of people including; people living in the home, the registered manager, operations manager and care staff.

Records looked at included four care plans, three staff personnel files, five Medication Administration Records (MAR), training records, building/maintenance checks and any relevant quality assurance documentation. This helped inform our inspection judgements.

# Is the service safe?

## Our findings

People who lived in the home told us they felt safe. One person said, "I do feel safe, everything is done for me, the staff make you feel safe as there's always someone on, 24 hours a day." Another person said, "I feel safe, it's fairly secure from people outside." People living in the home also told us they felt there were enough staff available to help them feel safe.

There was a safeguarding policy and procedure in place. Staff we spoke with were able to identify what might indicate a person was experiencing harm or abuse and how to ensure this was responded to. One person told us, "I would go to the manager and if I needed to report it to social services or CQC."

At the previous inspection we identified not all risks to people's health and wellbeing had been assessed and there was not always a plan in place to mitigate potential risks. There was a particular concern about fire and smoking for one person who had since moved on. At this inspection we found risks had been fully addressed. Risk assessments were in place which addressed the specific risks a person needed support to manage. The registered manager said the home was working towards being non smoking in the future. Personal emergency evacuation plans had been developed where required. Most people living in the home were able to get themselves out without support in an emergency.

At the previous inspection there had been concerns about the cleanliness of the floor coverings, loose steps on the stairs and cleaning in general. At this inspection we found the floor coverings had been replaced with non-slip vinyl throughout the ground floor corridors and the stairs. The loose steps on the stairs had been repaired and were secured. We could see the standard of cleaning throughout the home had improved and there was cleaning equipment and materials available which was colour coded to reflect good practice guidance to minimise the risks of infection control. There was a cleaning schedule and extra staffing recruited to support the cleaning. There were no malodours. There was a schedule of maintenance and refurbishment in process. The home had benefitted from some grants from Salford Council to make some of the improvements they had achieved.

At the previous inspection there had been some concerns about the safe handling of medicines. We looked at how medicines were being managed. We found medicines had been stored safely in a locked medication trolley and a lockable medicines fridge in the office. Stocks of medicines had been recorded and any unwanted medicines had been returned to the pharmacy when required. We reviewed the Medication Administration Records (MAR) for five people. We found there were some gaps in the signing of the MAR sheets for two people. We discussed this with the registered manager. They advised that for one person the medicine was 'as required' and being reduced and for another person it had been an oversight. We were confident that this was an issue with record keeping and that medicines had been given as prescribed and no one had been harmed. Temperature records had been kept to ensure the medicines had been stored within safe limits. There was one entry which indicated the temperature in the room was slightly higher than recommended. We discussed this with the registered manager who advised they had opened the window and put a fan on to bring the temperature down. This was reasonable given the extended heat wave during the summer.

Staff recruitment was safe. We looked at three staff recruitment files and noted they contained documents and checks such as photographic identification, application forms and references. Not everyone had two references, we discussed this with the registered manager who explained that one staff member had been employed on leaving college and did not have a second referee. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on people who intend to work with vulnerable adults. This can help employers to recruit suitable staff. At this inspection we found DBS and other relevant checks had been undertaken prior to staff starting employment.

Staffing levels were adjusted depending on the need of people on any given day. For example, extra staff were arranged to support people with appointments or for social outings and trips.

The home had an effective system to record and respond to accidents and incidents. Records we reviewed were very clear and the process followed to avoid reoccurrence had been identified. Staff we spoke with knew what kind of incidents needed to be recorded and ensured management were aware of any concerns.

## Is the service effective?

### Our findings

People's needs had been assessed prior to them moving into the home. For some people who had been in the home for many years there were limited records available relating to their admission. We looked at the records for someone who had moved in in more recent years which showed a comprehensive assessment that addressed the person's health and social care needs and detailed how they preferred to be supported.

People living in the home told us they felt staff knew how to support them. One person said, "Yes, I think they do know. They are very approachable if you have a problem." Staff working in the home said they believed they had received enough training to enable them to support people effectively. One person told us, "I have had a lot of training and feel I have enough to be able to do my job." Another person told us, "I have had more training recently and I am more aware of people's needs."

At the last inspection we found staff had not received regular training or refresher training to ensure their knowledge was up to date. At this inspection we found training had been improved and increased. There was a training matrix which identified mandatory training and the dates people needed refresher training was logged. Where some staff had not received some training the registered manager was able to account for the reason and how they had planned to address this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection no one was subject to DoLS in the home. The home had accessed training provided by Salford in relation to the MCA 2005 and associated DoLS authorisations.

We checked whether the service was working within the principles of the MCA. We found people's ability to make decisions and their capacity to consent to receive care and treatment had been fully considered and documented in their care plans. Care plans included a section on consent including consenting to photographs and sharing information which people had signed. People living in the home told us the staff treated them with respect and supported them with decisions when they needed it. Staff we spoke with understood the importance of gaining a person's consent before providing care and support.

People were supported to maintain their health needs. Care plans included detailed assessments of health needs and how the person preferred to be supported. People had been supported to attend medical appointments when they wished, and the outcomes had been recorded. Some people living in the home expressed a wish for more support to manage some of their health needs. We discussed this with the

registered manager who advised support and advice had been provided regularly. We were satisfied with this because we could see evidence of this in the records. If anyone needed to be admitted to hospital the home ensured they had a member of staff with them who would take all the necessary information to ensure a smooth transition between services.

People had been supported to meet their nutritional needs. Some people needed specific diets in relation to their cultural and religious needs which the home managed. At this inspection there was no one nutritionally at risk or in need of pureed food and thickened fluids. People had access to the kitchen for drinks and snacks throughout the day.

In response to some people's changing needs the home had added some adaptations such as a second banister rail, some grab rails in the bathroom and toilet areas and a bath seat.

## Is the service caring?

### Our findings

At our last inspection the home was rated as 'Good' in this domain. At this inspection the rating remained 'Good'.

People living in the home told us the staff were caring. One person told us, "They are caring, I always talk to them and if I have problems they listen." We saw staff interacted in kind and respectful ways with people. Several people living in the home commented on the kindness of the staff. Staff we spoke with had a good understanding of what was important to people living in the home. People's privacy was respected, we saw staff knocked on people's doors before entering.

At our last inspection we looked at the home's 'charter of resident's rights' which set out how each person could expect certain standards, including; appropriate quality care, to be treated with dignity and respect, to live without exploitation, abuse, neglect and discrimination. This remained in place and we could see from people's care plans and the interactions in the home how these principles had been acted upon. People's cultural needs and backgrounds had been recognised and recorded in their care plans. Different festivals had been celebrated throughout the year which reflected the diversity of people living in the home. Some people in the home were visited by a rabbi or a vicar. Some people attended church or synagogue services locally.

People were supported to maintain their important relationships. Contact details were recorded in people's care plans. People told us they could have visitors when they wanted.

The home continued to promote choice and control for people in relation to their care and support. One person told us, "I make all my own plans and decisions." Records showed how people had been consulted and involved in developing their care plans. At this inspection there was no one with an advocate, however, information about advocacy services was displayed.

## Is the service responsive?

### Our findings

People living in the home received care that was personalised and responsive to their needs. Assessments and care plans had been developed with individuals to reflect their wishes, preferences and aspirations. We could see important information the person wanted others to know about them had been recorded in a single page profile.

At the last inspection the home was rated 'Requires Improvement' in this domain because people's care plans had not been reviewed and updated regularly, for some it had been over three years. We did not find any evidence that this had caused a negative impact for anyone but could not be confident the plans reflected people's then current needs and wishes. At this inspection we found there had been improvements in the records. Care plans had been further developed and we could see where each section had been reviewed. The home was using the same documentation for everyone. At the last inspection some people had two different styles of plan which did not always say the same thing.

We could see people had been referred to other professionals when required or supported to refer themselves. Examples included, mental health professionals, doctors and other community based health staff. Where a person had requested support to improve their health appropriate referrals had been made including to smoking cessation services.

People had been able to consider and set their own goals. We could see how staff worked together using their knowledge of the person and how they preferred to be supported to build on people's strengths and positive esteem to achieve good outcomes. People living in the home told us how they made their own choices and staff supported them if they wished.

People were supported to arrange and participate in activities. Several people had their own routines and went out every day to local places of interest to them. One person told us about their hobbies and interests. Some people accessed a day centre. Every two weeks there was an art class and people had held an exhibition and auction. Poetry reading workshops and a reading group had also been arranged and been well attended and appreciated. One person living in the home arranged and ran quizzes. There were trips to the theatre, pub lunches and days out including a trip to Blackpool. People who went to Blackpool told us they had really enjoyed it. The home had ensured staffing was available to support people to get what they wanted out of the day. This showed a very person centred approach to activities.

The home had a complaints procedure in place. People living in the home told us if they had any concern they could raise it. The complaints information did not include any contact numbers for outside organisations. We discussed this with the registered manager who advised everyone had their contact numbers in their own mobile phones but they would address this. We were confident people would be able to raise their concerns and will review this at the next inspection.

The home kept a log of compliments received which were shared with everyone. Cards we viewed included comments such as; "Thank you for all the care you give our [relative]. We know they were very happy with

you and that means a lot." Another card said, "Thank you all for the lovely welcome. It was lovely to see [everyone] looking so well and happy." People living in the home were complimentary about the home and the care they received.

The home did not provide end of life care as a routine. We discussed how they might meet this need should it arise with the registered manager. They advised they would look at each persons' needs individually and develop a plan based on their preferences. Some people had been supported to make decisions about their funeral plans to reflect their religious backgrounds.

# Is the service well-led?

## Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered Persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection the home was rated as 'Inadequate' in this domain. There had been a breach of the regulations in relation to governance. This was because we had found inadequate arrangements to effectively monitor the quality of the service and ensure it was operating safely. The audits that had been in place had not been completed regularly and had not identified the concerns highlighted by the inspection.

At this inspection we found there had been some improvement. However, the operations manager who was responsible for auditing the safe management of medicines said they checked the medicines and records daily. They had not identified gaps in signing on the MAR sheets for one person over several days. While we were satisfied the person had not required the medication half the MAR had been signed to demonstrate this and half the MAR had not. Another MAR sheet had a gap on one day which had not been identified by an audit or check. Again we were satisfied medication had been provided correctly. Further improvement in the quality of record keeping and audits was still needed to ensure consistency.

Castlerea House had clear values which were shared by people working in the home. There was a charter of rights which detailed what people living in the home could expect. Staff we spoke with told us the management team were clear about what was expected from them. One said, "The aims of the service are understood. We are in people's home and supporting them." Another said, "The home is well managed, they set a standard and we know what's expected." Staff identified they had improved record keeping with the guidance and support of the manager and we could see there had been improvements in the quality of recording overall. This showed the home had responded to the concerns raised and improved their practice.

Policies and procedures were kept in paper form in the office and staff had access to them when needed. There was a crisis management plan in place to ensure people were aware of what action to take in the event of an emergency, such as; power failure, flood, fire. CQC ratings were displayed in the office. The registered manager was aware of when to report incidents to CQC though there had not been any since the last inspection. People's information and records were stored securely to ensure their privacy was protected and to comply with data protection legislation.

The home took social work students on placement. Each year they completed a satisfaction survey using questionnaires with people living in the home to establish their views on the quality of the service. The most recent survey had identified some concerns about food and the menu. The service had responded by ensuring they included people's choices on the menu. People we spoke with said they felt confident to raise their ideas and concerns with the management team and believed they would be responded to.

Some people living in the home had their own established links in the community. The home also sought to

build links with other organisations and had established partnership links to improve their knowledge and the quality of their practice. The registered manager is actively involved with HAELo an organisation working within Salford to improve safety and quality in care homes. The home also had close links with community mental health services.