

SSL Healthcare Ltd

# Castle Dene Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Castle Dene Care Home is a residential care home providing accommodation and personal care to up to 36 people. The service provides support to older people and people living with dementia. At the time of our inspection, there were 27 people using the service.

### People's experience of using this service and what we found

People were safe and staff protected people from the risk of harm. The provider identified and assessed risks to people's safety. Staff took action to monitor and minimise risk where possible. There were enough staff to safely support people and appropriate recruitment procedures were in place. Medicines were managed safely, and people received their medicines as prescribed. The service was clean and safe infection prevention and control procedures were in place. Lessons were learnt when things went wrong.

The service was well-led. Staff were supported by the management team. There was a positive and welcoming atmosphere in the service. Relatives were kept up to date and people were supported to be involved and give feedback. Appropriate referrals were made to professionals when needed. Quality assurance measures were in place to monitor the quality of the service and drive improvement. The provider and management team were open and honest throughout the inspection process.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 13 November 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service and concerns received in relation to the standard of care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Dene Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Castle Dene Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Castle Dene Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Castle Dene Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service and 7 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, senior care workers, care workers, kitchen staff, domestic assistants and the maintenance person. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records, 3 staff recruitment files and multiple medication records. A variety of documents relating to the management of the service, including policies, training records, maintenance records and quality assurance documents were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider kept people safe from the risk of abuse. Staff had received training in safeguarding and knew what to do if they had any concerns. One staff member told us, "Management would deal with any concerns. If I was still worried, I would go to CQC or the local authority."
- People told us they felt safe. One person told us, "I have no safety concerns. The staff are very patient and kind." One relative told us, "They keep [person] very safe. [Person] is happy and settled; staff are all so kind."

Assessing risk, safety monitoring and management

- The provider appropriately identified and assessed risks to people. People had robust risk assessments in place which were up to date and regularly reviewed.
- Staff implemented and followed care plans in order to keep people safe. There was good guidance and information for staff about people's medical conditions.
- Plans were in place to support people who might display behaviours which were distressing to them or those around them. There was clear guidance for staff to help them use techniques such as distraction and de-escalation. The plans were person-centred to each individual's needs.
- The provider ensured appropriate maintenance checks were carried out for appliances and equipment. Staff had received fire safety training and had taken part in mock evacuations so they knew what to do in the event of an emergency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to meet people's needs. The provider had a number of staff vacancies but was

actively recruiting. Agency staff were used when needed, to ensure there were enough staff to keep people safe.

- The provider had safe recruitment procedures in place. Appropriate pre-employment checks were carried out to ensure staff were suitable to work with vulnerable people.

#### Using medicines safely

- Medicines were managed safely. Staff stored medicines appropriately, and people received their medicines as prescribed. One person told us, "I always get my medicines."

- Some people were prescribed medicines on a 'when required' basis. Guidance was in place for staff to help them know when a person might require these medicines.

- Some people were prescribed medicines which needed to be taken at a particular time. Staff recorded the exact time these medicines were administered and people received these medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- There were no restrictions on visiting which was in line with national guidance in place at the time of our inspection.

#### Learning lessons when things go wrong

- The provider ensured that lessons were learnt when things went wrong. The registered manager reviewed all accidents and incidents, and looked for trends and patterns, to help prevent reoccurrence.

- The registered manager promoted continuous staff development and learning. Lessons learnt were relayed to staff and discussed within supervisions. One staff member told us, "Supervisions are really helpful and we can speak freely."



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led. Staff consistently told us they felt supported and could speak with the deputy manager or registered manager if needed. Staff comments included, "Management are brilliant, I can always go to them, they deal with things immediately and confidentially" and, "The manager's door is always open."
- There was a positive, friendly and welcoming atmosphere in the service. One staff member told us, "We really focus on person-centred care. It is about what works for each individual." Relatives told us, "Managers are always available; you also see them caring for the residents and they really do know their needs and know them as a person" and, "Management are receptive and make time for you."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and their legal responsibilities. Information was shared with appropriate people and professionals when things went wrong. One relative told us, "If there's anything wrong, they're straight on the phone; they are fantastic with that."
- The management team were open and honest throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager carried out a range of daily, weekly and monthly quality assurance checks. Audits identified where things needed improvement, and actions were implemented in response.
- Staff robustly documented accidents, incidents and falls and these were then analysed by the registered manager to look for any patterns and trends.
- The registered manager understood their regulatory requirements and submitted information to CQC and other stakeholders accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider engaged people who used the service, and their relatives, well. Regular residents' and relatives' meetings took place. People were supported to feedback their thoughts and views, and suggestions were acted upon.
- The provider produced a regular newsletter to ensure people were kept up to date. Relatives told us

communication was good. Comments included, "[Management] really involved us and asked what we wanted to be notified about" and, "[Management] always keep us up to date and speak to us when we are there."

- Staff were able to give feedback either face to face or through questionnaires. The registered manager analysed responses to questionnaires and implemented actions in response.
- Staff made referrals to professionals in an appropriate and timely manner.