



Inspection Report on

Castle Court Residential Home

**Castle Court Residential Home
Welsh Street
Chepstow
NP16 5LN**

Date Inspection Completed

10/11/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Castle Court Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	E.V.H Limited
Registered places	25
Language of the service	English
Previous Care Inspectorate Wales inspection	29 March 2022
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Most people are happy with the care and support they receive at Castle Court. We saw genuine, warm, and positive interactions between staff and residents. People are complimentary of the staff. There is oversight of the service on a day-to-day basis from a service manager and deputy manager supported by a team of senior staff when they are absent. The Responsible Individual (RI) visits the service in accordance with the regulations. Each person has a personal plan of care which is reviewed regularly. However, plans contain out of date and contradictory information, and do not always contain sufficient guidance to direct staff on how best to deliver care and support. Personal plans do not identify people's personal outcomes and aspirations or how these can be met. The management of medicines requires improvement. Staff recruitment systems are not sufficiently robust and staff levels are not always sufficient. Fire safety checks require improvement. The building was not secure from unauthorised access. The above shortfalls are placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address these issues.

Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. People have access to GP services and appointments with health and social care professionals are arranged. We saw evidence of communication with professionals around people whose needs have changed. People's weight is monitored regularly, alongside levels of nutrition and fluid intake. People's likes and dislikes, allergies and specialist diets are known. Staff know the individuals they support well and are familiar to them and notice any changes in their health and well-being.

People are treated with dignity, warmth and kindness by friendly staff. We saw genuine fondness between people living at the service and staff. We saw choices offered at mealtimes and heard staff offer alternatives if people did not like the choice of meals available. There are opportunities for people to participate in activities and make choices about how they spend their time. Resident meetings are held on a regular basis and staff told us about individuals likes and preferences. Personal plans viewed did not always include this vital information. Additionally identified goals and outcomes are generic in nature and are not sufficiently personalised or reflective of what the person wants to achieve.

The systems in place to keep people safe and protect them from harm are not sufficiently robust. Fire safety checks are not always completed as required. The building was not secure from unauthorised access. The storage and administration of medication requires improvement. Character and suitability checks of staff to undertake their roles are not sufficiently robust. Accidents and incidents are not always recorded and monitored, resulting in actions to minimise further occurrence not being implemented. Personal plans do not contain sufficient guidance for staff to follow to ensure people are provided with safe, consistent care and support. Staffing levels during inspection appeared sufficient to meet peoples' basic care needs. We were told when staffing levels decrease in the evening and overnight, they are not sufficient. Staff were busy and often appeared rushed.

The provider has a safeguarding policy and guidelines for staff to follow and the service has worked in partnership with other agencies to participate in the safeguarding process. Where there are necessary restrictions made in people's best interests to manage their safety; these appear proportionate.

Care and Support

People were mostly complimentary about the service provided. One person told us “*Staff are great*” another said, “*I like it here and the food is good*”. Visiting family, we spoke with were positive about the care provided to their loved ones. One person said, “*they cannot do enough for her*”. We saw examples of person-centred care and support being provided. Care staff engaged with people in a natural manner albeit rushed at times.

Each person receiving a service has a personal plan that outlines their care and support needs. Plans are reviewed on a regular basis and contain evidence of some people’s involvement in these reviews. We saw unreliable and contrasting information in the plans which could lead to individuals receiving poor and inconsistent care. Plans do not focus on personal outcomes and what is important to people. The service has introduced a new electronic care documentation system, which continues to be embedded, however plans still do not provide sufficient detail how staff can support people with specific needs, for example, supporting someone with restricted mobility. Moving and handling plans are not available to guide staff. Daily recordings and supplementary monitoring charts are in place, giving information about people’s progress and identifying changes in care needs. Personal plans require further improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Systems to keep people safe at the service are not sufficiently robust to ensure people’s health and safety. Accidents and incidents are not always recorded and monitored by management, resulting in actions to minimise further occurrence not being implemented. Personal plans do not contain sufficient guidance for staff to follow to ensure people are provided with safe, consistent care and support. Medication is not always stored securely. Medication Administration Records (MAR) have gaps in recording and incomplete information. People who have the ability to manage their own medication do not have “as required” medication included in their risk assessments. Character and suitability checks of staff to undertake their roles are not sufficiently robust. Full employment histories and verification of references are not undertaken. At the time of our inspection staffing levels had not been determined by a measurable and systematic approach to ensure safe staffing numbers at all times.

Additional aspects within the environmental section of this report identify further risks to people’s safety. Including fire safety checks are not always completed as required and the building was not secure from unauthorised access.

The above required improvements are placing people’s health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address these issues.

Environment

People's safety and security is not always protected. On arrival at the service the rear door to the building was open allowing unauthorised access into the building. Throughout the first day of inspection, we observed people entering the premises without staff knowledge. This was brought to the attention of the manager and remedial action was taken. However, visiting family confirmed the door was often left open and they could walk straight into the building.

People's safety is further compromised when fire safety checks and drills are not completed regularly. For example, gaps were noted in weekly fire alarm tests, monthly checks of emergency lighting and fire extinguishers were overdue. Fire drills have not been completed, including at night when minimum staff are available. This is an area for improvement and we expect action to be taken and this will be followed up at our next inspection. The South Wales Fire Service undertook a visit in June 2023 evaluating the fire safety. The fire safety report indicates some people are at risk in case of fire. The provider gave assurance that most actions identified in the fire safety report have already been completed but some remain outstanding.

The above issues are placing people's health and well-being at risk and we have therefore included them within the priority action notice. The provider must take immediate action to address these issues included within

Accommodation is provided over four floors, with individual bedrooms located on each floor. Two communal lounges and a dining room are provided on the first floor where people can choose to be in the company of others. People have their own rooms, which are clean and personalised to their own taste. People have family photos, cards and trinkets in their rooms, which gives a homely feel to their surroundings. Individual rooms did not always have name plates to aid orientation for people and their visitors.

Health and safety records we viewed demonstrated routine completion of utilities testing along with the auditing and servicing of equipment. The provider has a system in place to record and monitor maintenance requests.

Leadership and Management

The responsible individual (RI) maintains oversight of the service and visits the service on a regular basis. The RI completes the required quality assurance reviews. Auditing and monitoring arrangements, which review service provision, and assess quality continue to be developed. The RI and manager continue to develop their understanding of their responsibilities to ensure regulatory compliance.

The regulator Care Inspectorate Wales (CIW) is notified when there are concerns and significant events affecting people. The provider engages in the safeguarding process with the local authority and other relevant parties. People and/or their representatives can contribute to the development of the service. Resident meetings are held on a monthly basis to ensure people can contribute to the daily running of the service and provide feedback on the service they receive.

Recruitment safety and screening arrangements are not sufficiently robust. Disclosure and Barring Security (DBS) checks are in place and current for all staff. Full employment histories are not available for all staff, making it difficult to cross reference information contained in references. Additionally, verification of references has not been undertaken. Records to evidence the linguistic abilities of care staff in the role are not available. This is an area for improvement and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Staff told us they are happy in their role, although it could be very busy at times and they often felt rushed. Staff talked about how busy they are in the evenings covering four floors with only three staff. Another stated the staffing levels at night felt unsafe to them. At the time of inspection, the service did not have a measurable and systematic approach to determining safe staffing numbers which adapts to the changing needs of people. The service was unable to demonstrate how they determined the numbers of care staff required to safely care for people. Staffing levels and deployment of staff should remain under review to ensure the health, safety and wellbeing of everyone. Following inspection, we were told a new web-based dependency tool had been introduced, we were unable to test this at inspection.

Staff also said they felt supported and confident in their individual roles. Staff supervision records showed all staff had received supervision in the last three months. Supervision records are not detailed and lacked evidence to demonstrate feedback on work performance. Newly appointed staff receive induction and all staff employed receive core training. There is commitment to ensuring all care workers undertake the qualifications required to enable them to register with Social Care Wales (SCW) the workforce regulator.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
21	Care and support is not being provided in a way which protects, promotes and maintains the safety and well-being of people.	New

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
------------	---------	--------

58	The storage and administration of medication is not sufficiently robust.	New
35	The recruitment process is not sufficiently robust.	New
57	Fire safety systems are not sufficiently robust.	New
15	Personal plans do not always consider/record people's wishes, aspirations or identify the personal outcomes each individual would like to achieve.	Not Achieved
16	Personal plans did not consistently evidence peoples involvement in their review and are not consistently reviewed on a regular basis.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 13/12/2023