



Inspection Report on

Castle Court Residential Home

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

Date Inspection Completed

17/05/2024

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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	10 November 2023
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

People are happy with the care and support they receive at Castle Court. We saw genuine, warm, and positive interactions between staff and people receiving a service. 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 on a regular basis. Monitoring and auditing systems require development to ensure a quality service is provided. The administration and management of medicines requires improvement.

Each person has a personal plan of care. Plans contain contradictory information and are not always updated in a timely manner to reflect any changes identified. Plans do not always identify people's personal outcomes and aspirations or how these can be met. Evidence of people's involvement in the development and review of their plans is improving. Systems to ensure that people's best interests are promoted require further development.

Staff recruitment systems have improved. Staffing levels were sufficient to meet people's needs on the day of inspection. The building is now secure from unauthorised access and fire safety checks are completed on a regular basis.

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 when needed. We saw evidence of communication with professionals around people whose needs have changed. Staff know the individuals they support well and are familiar to them and notice any changes in their health and well-being. The storage and administration of medication requires improvement. People's weight is monitored regularly, alongside levels of nutrition and fluid intake. People's likes and dislikes, allergies and specialist diets are known. Drinks and snacks are offered and topped up, as necessary. The service had been inspected by the Food Standards Agency and had been given a rating of 5, demonstrating the service was rated as very good.

People are mostly encouraged to have control over their day to day lives where possible. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, and food and drink options. People decide if they want to spend their time alone or with others. There are opportunities to participate in planned activities. Resident meetings are held in order for people's views and wishes to be taken on board. Where people lack the capacity to make important decisions relating to their life, best interests' assessments are not completed to justify measures which may restrict people's freedom and liberties. Personal plans do not contain people's individual goals and aspirations which would give people further control over their life choices. People are treated with dignity, warmth, and kindness by friendly staff. We saw genuine fondness between people living at the service and staff.

The systems in place to keep people safe and protect them from harm have improved, some areas require further development. Fire safety checks are completed on a regular basis. The building is secure from unauthorised access. Character and suitability checks of staff to undertake their roles have improved. Risks to people are not always reviewed and updated in a timely manner. Systems to record accidents and incidents, and actions to minimise further occurrence, require further development. The relevant applications are not made to safeguard people's best interests. Staffing levels during inspection appeared sufficient to meet peoples' needs. Staff did not look rushed and took time to engage with people they were supporting.

Care and Support

People we spoke with commented positively about the quality of care provided by care staff whom people know well and who they have developed good relationships with. Care staff understand the needs of the people they support, are compassionate and deliver care in a reassuring and respectful way.

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. When changes occur updates to plans are not added in a timely manner. For example, changes in physical health and medical interventions required. Some plans continue to have contradictory and confusing information within them. For example, people's levels of capacity and understanding. Plans do not always consider or record aspirations or identify personal goals each individual would like to achieve; this needs to be fully embedded. The above issues continue to be an area for improvement and we expect the provider to take action.

Systems in place to ensure that people's best interests are promoted require further development. Where people lack the capacity to make important decisions relating to their life, appropriate assessments are not completed to explain and justify the introduction of measures which may restrict people's freedom. Deprivation of Liberty Safeguard (DoLS) authorisations are not sought where people lack mental capacity to make decisions about their care and accommodation. The manager gave assurance applications for DoLS authorisation would be completed immediately and they would complete a full review of everyone's level of capacity and understanding.

Systems to keep people safe at the service require further development 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. Individual risk assessments are not updated following any accidents. For example, one person had a number of falls including two on the same evening, yet the risk assessment had not been updated to reflect this increased risk. This is an area for improvement and we expect the provider to take action.

The management and administration of medication requires improvement. Senior staff receive appropriate training and competency checking in relation to the safe administration of medication. Internal medication audits are not sufficiently robust and do not identify all deficits and the remedial action required to address these. A sample of medication administration record (MAR) sheets were examined; transdermal patch changes sheets were not available to show safe administration. Liquid medication did not have dates of opening. Protocols for the administration of "when required" (PRN) medication were not available for everyone. This continues to be an area for improvement and we expect the provider to take action.

Environment

Castle Court is generally well maintained and has a schedule of ongoing work to address wear and tear on the building, including the leaking roof. The location, design and size of the premises are as described in the statement of purpose.

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. There are sufficient toilet and bathing facilities available. The garden area at the rear of the building is currently being renovated and provides people the opportunity to sit out in warmer weather.

Monitoring of systems to help mitigate risks to the health and safety of people at the service have improved. Audits and safety checks of the building and equipment are undertaken routinely to ensure it remains safe for people living, working, and visiting Castle Court. We saw improvements in the monitoring and auditing of fire safety systems, including regular equipment checks, regular testing of fire alarms, and fire drills being undertaken. The building is secure and visitors are required to be let in by staff and to record details in the signing in book. This indicates that all visitors are monitored and the number of people in the service is recorded for fire safety purposes.

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. There is a visible management team in place who are part of the day-to-day running of the service. Auditing and monitoring arrangements, which review service provision and assess quality, continue to be developed by the RI and manager. New audit tools have been introduced; these require further amendment to identify any deficits or issues which require remedial action and to ensure the quality of care provided. For example, medication audits do not include the review of “as required” medication. Additionally, audits of accidents or incidents do not log the events to allow analysis of these, checking for any trends or patterns, which may require remedial action to be taken. This is an area for improvement and we expect the provider to take action. We will follow this up at our next inspection.

Improvements were noted in the selection and vetting arrangements to enable the service provider to decide upon the appointment of staff. We viewed the most recently recruited staff file and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service.

Staffing levels were sufficient on the day of our inspection to meet people's care needs. The service provider has introduced a measurable and systematic approach to determining safe staffing numbers which adapts to the changing needs of people. The manager will review and update this on a regular basis to reflect the identified needs of people receiving a service.

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
N/A	No non-compliance of this type was identified at this inspection	N/A
21	Care and support is not being provided in a way which protects, promotes and maintains the safety and well-being of people.	Achieved

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
16	Personal plans and risk assessments are not updated in a timely manner to reflect changes in care and support needs.	New
8	Systems to monitor and review service delivery are not sufficiently robust.	New
15	Personal plans do not always consider or record personal outcomes each individual would like to achieve and some plans contain conflicting and contradictory information which does not reflect the person receiving support.	Not Achieved
58	The administration of medication is not sufficiently robust.	Not Achieved
35	The recruitment process is not sufficiently robust.	Achieved
57	Fire safety systems are not sufficiently robust.	Achieved

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