

Care South

Maiden Castle House

Inspection report

12-14 Gloucester Road
Dorchester
Dorset
DT1 2NJ

Tel: 01305251661
Website: www.care-south.co.uk

Date of inspection visit:
01 November 2019

Date of publication:
13 December 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Maiden Castle House is a residential care home providing personal care to 63 people aged 65 and over at the time of the inspection. The service can support up to 66 people.

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

Overall, people's needs were assessed prior to them starting to use the service. However, risk management and care plans were not put in place where people faced known or new risks. This meant staff did not have all the information they need to be able to safely care for people.

Records to monitor the amount of food and fluids people had were incomplete and not been reviewed to ensure people were drinking enough. There were multiple shortfalls in people's care and monitoring records. This was important because most people were living with dementia and were not able to tell us their experiences. People relied on staff to provide the care they need so accurate records were essential to support this.

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. In care homes this is through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Some people had conditions on the authorisations to deprive them of their liberty. There was not a robust system in place to ensure that these were being met or known by staff. Some people's conditions were not being met which meant they were not being lawfully deprived of their liberty.

The quality assurance and oversight systems had not been effective in identifying the shortfalls found at this inspection in relation to people's assessments and management of risks, record keeping and the monitoring of people's DoLS conditions. The reassurances given by the registered manager at the last inspection in June 2019 to address areas for improvement were not effectively implemented.

People enjoyed the food and there was a relaxed atmosphere at mealtimes. Staff supported people to eat and drink well during the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's health needs were well managed, and people were referred to health care professionals appropriately.

The environment had been adapted with dementia friendly signage and décor.

Relatives and staff spoke highly of the registered manager and management team. There was a positive culture at the service and staff felt listened to and supported.

The management team was responsive to the feedback and arranged for additional staff training in relation to record keeping.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was Good (published 18 July 2019) insert date last report published in brackets.

Why we inspected

We received concerns in relation to people's experiences whilst staying at the service for short stays, people's fluid monitoring and the meeting of people's Deprivation of Liberty Safeguard (DoLS) conditions.

As a result, we undertook a focused inspection to review the Key Questions of Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Effective and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maiden Castle House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Maiden Castle House

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 Care Act 2014.

Inspection team

Two inspectors.

Service and service type

Maiden Castle House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection, this included notifications, complaints and safeguarding allegations and investigations. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We met with most people who used the service and spoke with two relatives about their experience of the care provided. We spoke with eight members of staff including the operations manager, registered manager, assistant manager, senior care workers and care workers. As most people were living with dementia, we

used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included elements of four people's care plan and care records and Deprivation of Liberty Safeguards authorisations. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, policies, staff training and supervision and quality assurance records. We spoke with and received email feedback from two health professional teams who regularly visit the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Overall, people's needs were initially assessed prior to them using the service. This was to make sure the service was able to meet their needs. However, some records had not been signed or dated so it was not clear when the initial assessments had taken place or who had completed it.
- People's full assessments and any assessments of the risks were not completed in a timely way. For example, one person was admitted to the service with a history of falls and because they had fallen at home prior to admission. However, a falls risk assessment and management plan had not been completed to mitigate the risks of them falling at the service. Another person had a catheter and a catheter care plan had not been put in place for 11 days following their admission to the service. The person was not able to manage their catheter themselves and needed full staff support to do this.
- The registered manager told us they only monitored people's fluid and foods for the first two weeks following their admission into the service. This was to assess and monitor the support they needed and to develop nutrition care plans for people.
- We reviewed records and found multiple shortfalls in the monitoring of people's fluid and food records. People's fluid intake was routinely not recorded in the evening and overnight and the amount they had drank was not totalled and reviewed against their target amounts. Where people's records showed they had achieved a low intake there was not any evidence staff were increasing people's fluid intake. In addition, where people had catheters there was not a record of their fluid intake and output, so staff could assess and review whether the person's catheter was working.
- Health professionals told us they had needed to prompt staff to provide people with fluids during hot weather.

These shortfalls placed people at risk of harm because risks were not fully assessed and mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had positive mealtime experiences and were offered a visual choice of meal. There was a relaxed atmosphere with staff chatting with people whilst they supported them to eat and drink.
- People were offered alternatives if they did not eat the meals offered. Staff also offered and assisted people with drinks and snacks throughout the day.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on the authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people had conditions on authorisations to deprive them of their liberty. There was not a robust system in place to ensure that these were being met or known by staff.
- The conditions for one person were not being met. This related to the recording and monitoring of their behaviours and activities.

Not meeting the conditions of people's DoLS authorisations was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were following up with the local DoLS team to clarify whether some of the conditions were relevant for two other individuals. This was because these people's conditions did not reflect their current wishes or abilities.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.
- Staff and managers were strong advocates of people's rights and wishes in their daily decision making. They had also supported one person through the courts to return to their own home with support.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported by their line managers and they had regular supervision.
- People were cared for by staff that had the training, knowledge and skills to meet their needs.
- Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively.
- Staff told us they felt invested in by the provider and they were given opportunities to develop their career in care if they wanted to.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had their healthcare needs met, and staff worked closely with local health professionals.
- Healthcare professionals told us the staff were proactive in making referrals and following any advice given.

- Overall, people's oral health care was assessed and planned for. However, the recording as to whether the support was provided was inconsistent,

Adapting service, design, decoration to meet people's needs

- On the first floor, most people's bedroom doors did not have their name on or any identifying features. This made it difficult for people to find their own bedrooms. The registered manager told us they would ensure that new name plates were put on people's bedroom doors.
- People's bedrooms were very personalised with their own belongings and photographs.
- There environment had been adapted with dementia friendly signage and décor. There were lots of items of interest for people living with dementia to look at, pick up and keep them occupied.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. Systems designed to monitor performance had failed ensure compliance with the regulations. This meant the service's systems did not always support the delivery of high-quality, person-centred care.

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

At our inspection in June 2019 senior staff had identified that there were gaps in record keeping related to care delivery. They told us they had a robust plan in place to address this.

- At this inspection, we found multiple shortfalls in people's care plans and record keeping which meant we could not be sure they were receiving the care and support they needed. This was particularly important because most people were living with dementia and were not able to tell us their experiences. People relied on staff to provide the care they need so accurate records were essential to support this.

At our inspection in June 2019 oversight of incidents involving people had not been effective. The record keeping related to incidents was not sufficient, as incident forms had not always been completed and this meant the registered manager was not fully aware of the support some people were needing. The registered manager and senior team gave a commitment to address this. They told us measures were put in place to monitor this.

- At this inspection, we found in people's records there were still incidents that had not been recorded on incident forms and or in behaviour monitoring records. This meant there was not any effective monitoring and oversight of people's behaviours to inform their care planning and care delivery and support.
- The quality assurance and oversight systems had not been effective in identifying the shortfalls found at this inspection in relation to people's assessments and management of risks, record keeping and the monitoring of people's DoLS conditions.

These shortfalls a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager's daily checklist had been implemented the week prior to the inspection but this had not yet been effective in identifying and addressing the shortfalls found at this and the last inspection.
- The registered manager took immediate action during the inspection arranged for record keeping training for the staff in November 2019.
- There was a registered manager in post. They were leaving the service two weeks following the inspection.

The operations manager/regional manager told us the provider was making arrangements for the management of the home until a new registered manager was appointed.

- Staff were well motivated and told us their line managers were supportive.

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

- Where mistakes were made, the registered manager was open and honest with people and families and made improvements. For example, following a recent complaint, the registered manager acknowledged they should have contacted a person's family member when they became unwell. New systems had been introduced to ensure this happened in the future.
- The provider had a policy in place to support the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open culture at the service and a relaxed homely atmosphere.
- Managers and staff had a good understanding of equality issues. Diversity was valued and respected.
- Relatives told us they were listened to and that the management team acted on any feedback they gave them. They spoke highly of the progress the registered manager had made whilst they were in post.
- The registered manager facilitated regular family meetings and residents' meetings.
- Feedback from people and relatives showed they were happy with their care and feedback given about any suggestions for improvement were acted on.

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

- The registered manager and senior team shared a commitment to provide a service that was person-centred and supported people to live meaningful lives.
- Compliments that had been received reflected the very caring nature of the staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were shortfalls in the assessing and mitigating of risks for people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People's conditions on their Deprivation of Liberty Safeguards authorisations were not being met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance and oversight systems had not been effective in identifying the shortfalls found at in relation to people's assessments and management of risks, record keeping and the monitoring of people's DoLS conditions.