Care South

Maiden Castle 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?	Good

Summary of findings

Overall summary

About the service
Maiden Castle House is a purpose built residential care home providing personal and nursing care to 62 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
People were supported by staff that were compassionate, caring and treated them with dignity and respect. Staff knew people well and used knowledge about their life histories, preferences, interests and communication needs to inform the care and support they provided.

This meant people received person centred care from staff who developed positive, meaningful relationships with them. People had opportunities to socialise and pursue their interests and hobbies. Care plans were detailed and largely up to date about people's individual needs and preferences.

People and relatives told us that Maiden Castle House provided a friendly, welcoming and relaxed environment. People enjoyed a range of activities and this was an area of ongoing development.

People and relatives told us the service was safe. Staff understood the risks people faced and how to minimise those risks for them. Risks to people's health, safety and wellbeing were assessed. Risk management plans were put in place to make sure risks were reduced as much as possible whilst still promoting their independence. Where people struggled to manage their emotions and behaviour care plans did not fully address this. This was rectified during our inspection so that care plans reflected staff knowledge and monitoring was improved.

People were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role.

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, relatives and staff spoke highly of the registered manager and senior team. There was a positive culture at the service and staff felt listened to and supported. Staff were enthusiastic about their work and proud of the service they provided. There was a drive to continuously improve the service for people and the registered manager and staff team were very responsive to any areas for improvement identified.

The registered manager and provider now had quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. There was open culture that focused on learning

lessons and finding different ways of making improvements for people.

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 2 December 2016)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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
The inspection team was made up of an inspector, an assistant 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
Maiden Castle House 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 the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we had received from, and about, the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with eight people who used the services and three regular visitors to ask about their experience of the care provided. We spoke with eleven members of staff including a representative from the provider organisation, the registered manager, the deputy manager, the chef, senior care staff and care staff. We also spoke with a member of agency staff and observed care practices.

We reviewed a range of records that included 10 people's care plans and multiple daily monitoring charts and medicines records. We also looked at a range of documents relating to the management and monitoring of the service. These included three staff records, audits, policies and maintenance checks.

After the inspection

We continued to receive information from the provider until 12 June 2019. We received information from the provider related to the maintenance of the building. We also received feedback from four health professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included; "I feel safe here, the staff never rush me." and "I do feel very safe here, none of my things have gone missing and no problems with other residents." A relative told us, "Mum is in a safe place here."
- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported would be listened and responded to.
- The provider had effective safeguarding systems in place. Where safeguarding concerns had been identified, staff worked with other professionals to ensure plans were in place to protect people.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce risks to people and these were regularly reviewed and updated. Risk assessments undertaken included manual handling, falls, nutrition and hydration and skin integrity.
- Where people presented some challenges, there were not always support plans in place. Staff shared an understanding of how they should support people at these times and the care plans were put in place before our second visit. The care plans included information about how to record any incidents to ensure that difficulties people experienced could be monitored. The registered manager assured us that they would make sure incidents were documented appropriately.
- Equipment, such as lifts and hoists were regularly checked by external contractors to ensure their safety.
- There were risks associated with the environment that had been addressed by the provider. There had been an increase in water leaks from piping over the weeks prior to our inspection. We discussed these risks with the provider and registered manager and they told us they would add checking for early indication of leaks to checks made on the building.

Staffing and recruitment

- There were enough staff working to keep people safe and meet their needs. The registered manager reviewed people's dependency to identify and to monitor staffing levels met people's changing needs.
- People said they received support when they needed it. One person told us: "The staff have plenty of time for me." And a relative observed: "The staff are available when mum needs them." Staff were visible around the home, chatting and spending time with people. There were enough staff to quickly respond when people living with dementia were unsettled or when people needed help in an emergency.
- There was a core of staff working at the home who had worked there for many years. This meant people

were supported by staff they knew.
● Staff were safely recruited and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

Using medicines safely
● People were supported to take their medicines as prescribed and in ways that met their preferences.
● Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
● The medicine administration records (MARs) provided contained the detail necessary for safe administration.
● Risks associated with most medicines were identified and recorded. Staff understood these risks.
● One person had two medicines that they took when required that needed more clarity in their guidance to ensure the person received safe treatment. This was addressed immediately.
● Staff had access to the medicines policy and had signed to say they had read it.

Preventing and controlling infection
● The service was mostly clean and odour free. However, we noted that some plasterwork was exposed, a bed rail bumper was torn and another bed rail bumper was left dirty. The registered manager addressed these issues during our visit.
● Staff had completed infection control training and used protective clothing such as gloves and aprons during personal care to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong
● There were systems in place to ensure accidents and incidents were recorded, investigated and action taken. The provider and registered manager ensured that accidents and incidents were analysed for trends and patterns. Where concerns were identified the registered manager, provider and staff team looked for ways to further improve the service. However, opportunities to improve the quality of the service had been missed because incident forms had not been consistently completed and a medicines error had not led to a review of the medicines process.

Good

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before they began to use the service. This information was used to develop comprehensive care plans. Staff told us they had access to training to ensure they had the right skills to provide the care each person needed.
- People received care and support in accordance with their assessed needs. Care plans clearly set out people's needs and preferences, staff reviewed them regularly and updated them as people's needs changed.
- Most staff had worked with people over a long time and knew people's preferences. New and agency staff understood what physical support people needed but sometimes did not have the knowledge that would personalise this. We discussed this with the registered manager and they told us they would reintroduce a comprehensive staff handover record that included important personalised information about people. They also told us they would introduce a one-page summary that would be held in people's rooms so that all staff and particularly agency staff had key information about preferences readily available.

Staff support: induction, training, skills and experience

- People were cared for by staff that had the training, knowledge and skills to meet their needs. One person said, "The staff seem very well trained to me., very good." Another person said, "I do think the staff are well trained, they know what they are doing." A relative reflected on how well trained they thought the staff were and emphasised that they were also very dedicated to ensuring people got the care and support they needed.
- Staff had taken on roles in championing areas that they were passionate about. This meant that training and reflection on practice was embedded within the team about areas such as dignity and dementia care.
- New staff undertook and induction that included all of the elements of the care certificate, a nationally agreed set of standards. Ongoing training included online, face to face training and competency assessments. Staff had access to progress their careers, knowledge and skill base through access to national qualifications.
- Staff told us they were supported by senior staff and the registered manager. They said they had opportunities to receive feedback and discuss any further training and development needs through regular supervision and annual appraisals. Staff told us they felt 'listened to'.

Supporting people to eat and drink enough to maintain a balanced diet

- People praised the food, menu choices were available at each meal, with alternatives provided, if needed.

Comments from people about the food included, "the food is very nice here", "The food is nice here there is a choice from the menu." and "Snacks and drinks are available all the time."

● People were supported to eat in the place of their choosing. Staff prompted and encouraged people discreetly and provided assistance when it was needed.

● Where people were at risk of poor nutrition and dehydration, there were detailed care plans to inform staff about their needs and staff understood the need for robust monitoring.

●The chef was supported to develop local menus that reflected people's preferences and a belief in the importance of shared food and drink.

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. Staff were positive about these relationships and described the benefit to people of regular communication and input.

● People received timely medical support. Health care professionals told they received appropriate referrals from the service and the staff followed advice or plans put in place.

● People told us their health needs were well managed and they were supported to attend appointments. People had access to specialist health care professionals when they needed it.

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

● Improvements had been made to the environment to make it more suitable for people living with dementia. Areas of interest had been developed creating purpose and stimulation for people as they moved around.

● People's bedrooms were very personalised with their own belongings and photographs.

● People who lived on the first floor had access to a balcony for outside space and were supported to use the courtyard area regularly. One person told us how important this was to them.

Supporting people to live healthier lives, access healthcare services and support

● People had their healthcare needs met, and staff worked closely with local health professionals.

● People received medical input when they needed it. There were robust systems in place to ensure that health professionals had access to the information they needed when they visited. We received positive feedback from healthcare professionals and GP's that the service sought appropriate medical support and care for people.

● The senior staff team had worked with local health professionals to develop appropriate support systems for people living in the home.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where DoLS had been authorised, these were monitored, and any conditions were clearly recorded.
- 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.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a caring culture. Staff were committed to providing a very caring service and did so with kindness and compassion.
- Staff had meaningful relationships with people. People's comments included; "They are lovely here, very caring." and "The staff are very respectful towards me and other residents."
- Staff knew people well which meant they recognised signs of distress at an early stage. Staff described what helped people feel safe and calmer. They reflected on what made people happy and what they valued and how knowing this helped them care for people better.
- Staff received training in equality and diversity and people's cultural and spiritual needs were respected. Church groups visited to ensure specific spiritual needs, such as the taking of holy communion, were met.

Supporting people to express their views and be involved in making decisions about their care

- People felt consulted and involved in decision-making and their views were listened and responded to. One person told us: "The staff do know how I like things to be done and they do it that way." Where people needed more support with decision making, family members, or other representatives were involved.
- We saw one interaction where a person was not consulted about the support they then received. We spoke with the registered manager about this and they were clear they would address it.
- People's care plans accurately reflected their individual communication needs. For example, one person was registered blind and their care plan reflected the impact of this and how staff could communicate most effectively.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected the privacy and maintained their dignity. One relative told us: "They always respect Mum's dignity."
- People's care plans showed which aspects of care people could manage independently, and what they needed help with. People were encouraged to mobilise independently, carry out personal care. People told us they were encouraged to use their skills to retain independence.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs. People told us that they received their care in ways that suited them and was responsive to their needs. People and relatives told us they were involved in reviews of their care plan.
- Staff understood what important people was and had used information provided by people and their loved ones to develop this knowledge.
- Staff knew people well and kept up to date with any changes through handovers, discussion with each other and care plan updates.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to socialise and pursue their interests and hobbies of their choosing. Activities were seen as an integral part of people's lives and all staff, including the senior team, participated in activities with people.
- The service had restructured their activities team and this new system was being embedded and monitored. There was a weekly timetable of activities. Examples of activities included, arts, reminiscence, singing and quizzes. Key members of the staff team ran activities for example the chef and maintenance staff ran activities based on their skills. The chef and senior staff told us their involvement in these activities improved communication between them and people living in the home.
- People enjoyed trips out and competitive volleyball matches with other homes in the local area. They were also looking forward to the arrival of pet rabbits.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew about people's individual communication needs and these were set out in people's care plans. Staff communicated skilfully with people; providing information in ways that were meaningful to the person and allowing people time to answer.

Improving care quality in response to complaints or concerns

● Complaints were reviewed and tracked by the registered manager and the provider organisation. This meant that any themes or learning opportunities were identified and shared.

● People and relatives knew how to make complaints should they need to. The provider had a complaints policy which was available to people and visitors.

● People told us they would be happy to talk to the manager or any member of staff if they had any concerns.

End of life care and support

● When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect. We saw cards and letters from relatives expressing their appreciation for everything the staff team had done to support and help them during this time.

● People were starting to be involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected. This work had started when we visited and was ongoing with a member of staff taking a lead in championing this work.

Good

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 remained the same. 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

● People, relatives and staff spoke highly of the leadership at the home and said it was well run. One person said: "Everyone gets on well together here. I think this home is well run, it all works well here." People reflected that the impact of this was a "good atmosphere".

● The registered manager and senior team shared a commitment to provide a service that was person-centred and supported people to live meaningful lives.

●Relatives and professionals told us the registered manager was approachable and encouraged open communication.

● There was an open culture at the home. Staff were encouraged to challenge any practice through a whistleblowing policy. Staff told us they were confident to do this and would do so to ensure people received appropriate care.

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. Where concerns related to individual staff performance training, supervision and where necessary, disciplinary processes were put in place.

● The provider had a policy in place to support the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There were quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. These included a mix of electronic monitoring, with plans to increase the capacity for this, and regular audits around the service. These were completed by a provider representative, the registered manager and senior staff. Where an audit had identified any shortfalls, an action plan was put in place and the audit was repeated until improvements were made. The current service improvement plan for the home showed improvements had been made in response to findings.

● Senior staff had identified that there were gaps in record keeping related to care delivery. They had a robust plan in place to address this.

● 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. Discussions with staff evidenced that people

were receiving safe and appropriate support however the lack of oversight heightened the risk that this would not be the case. We spoke with the registered manager and senior team and they ensured that staff received guidance and robust measures were put in place to monitor this.

● The registered manager had notified Care Quality Commission (CQC) of most events which had occurred in line with their legal responsibilities. Two notifications were made late during our inspection. This delay was due to an error and the registered manager addressed it immediately. The service displayed the previous CQC inspection rating in the home.

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

● 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.

● Staff were consulted and involved in decision making and discussed people's changing care needs. Staff were encouraged to contribute ideas, raise issues, and regular staff meetings were held.

● Staff were enthusiastic about working at the home and felt well supported. Many of the team had been working in the home for many years and this had recently been acknowledged with a long service award ceremony. Staff were proud of their commitment to the home.

Continuous learning and improving care; Working in partnership with others

● The registered manager was continuously looking at ways to improve the quality of care. They had focussed on the retention of staff so people were supported by staff they knew. This included a revision of the induction process and the identification of staff team champions for induction.

● People benefitted from partnership working with other local professionals, for example GPs, community. All of the professionals we contacted were very positive about the service and how they worked well together for the benefit of people.

● There were links established with other homes in the locality. This led to opportunities for sharing good practice and improving the range of activities and events available to people.

● Good practice ideas were shared through staff meetings, supervision sessions and staff training.

● The regional manager told us learning was shared at a provider level through the electronic quality assurance systems. There were regular meetings between senior staff from different homes to share learning and promote improvements.