

Care South

# Maiden Castle House

## Inspection report

12-14 Gloucester Road  
Dorchester  
Dorset  
DT1 2NJ

Tel: 01305251661

Website: [www.care-south.co.uk](http://www.care-south.co.uk)

Date of inspection visit:  
06 May 2021

Date of publication:  
09 June 2021

## Ratings

Overall rating for this service

Good 

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Maiden Castle House is a residential care home providing personal care to 56 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

Staff were following good infection prevention and control measures to minimise risks to people and enable them to see visitors safely.

People enjoyed the food and there was a relaxed atmosphere at mealtimes. Staff supported most people to eat and drink well during the inspection. The registered manager was robust in their response to a person not receiving food and drink as described in their care plan. Where people were at risk of not eating and drinking enough staff maintained records that were used to ensure they received appropriate support.

People and relatives told us that health needs were well managed, and professionals were generally confident that referrals were made appropriately. A delay was identified in accessing appropriate healthcare; the registered manager ensured appropriate training was provided.

People told us their needs had been assessed before they moved into the home. They were happy with the way their care and support was provided. Staff were confident in their understanding of people's needs.

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 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). There was a robust system in place to ensure the oversight of DoLS and any conditions attached to them.

The environment had been adapted to meet the needs of people. This included adaptations designed to enable people with dementia to retain independence.

The quality assurance and oversight systems had been effective in identifying areas for improvement. A new recording system was being implemented. The registered manager assured us there would be ongoing training and coaching to ensure this system was used accurately and effectively.

People, relatives and staff spoke highly of the registered manager and management team. There was a positive person centred culture at the service and everyone fed back that they 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](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 1 November 2019 breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of risks, the oversight of DoLS, recording and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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](http://www.cqc.org.uk).

#### 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?

At our last comprehensive inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question related to infection prevention and control.

**Inspected but not rated**

### 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 well-led.

Details are in our well-Led findings below.

**Good** ●

# 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.

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

Two inspectors carried out the inspection.

#### 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 made by the service and concerns raised with the Care Quality Commission. 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 spoke with nine people who used the service about their experience of the care provided. We spoke with eleven 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 visit

We continued to seek clarification from the provider to validate evidence found. We looked at further records related to seven people, and documentation and policies related to eating and hydration. We received feedback from two health professional teams who regularly visit the service. We also received feedback from 12 relatives of people living in the home and six staff who wanted to contribute their experiences to the inspection. We received feedback until 11 May 2021.

# Is the service safe?

## Our findings

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection people were at risk of harm because risks were not fully assessed and mitigated. There was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Further improvement was needed to ensure care was always delivered in line with people's care plans. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had their nutritional needs assessed and care plans were in place to meet their needs safely. However, staff did not always follow care plans to ensure people received meals which met their needs. One person had been assessed by a speech and language therapist and recommendations were made regarding the consistency of meals the person required. At lunch time we saw the person did not receive a meal in accordance with their assessed needs. The registered manager responded robustly to this mistake and ensured that all staff were provided with training from the head chef and nutrition and hydration champion to ensure they were confident with this aspect of the care and support they provided. The registered manager also ensured that all staff had copies of the International Dysphagia Diet Standardisation Initiative (IDDSI) framework and that these were displayed prominently in the home. The IDDSI framework is a global initiative designed to improve the lives of people who have difficulties swallowing safely by ensuring their dietary needs are clearly communicated. We have not been able to review the impact and sustainability of the registered manager's intervention during this inspection.
- The registered manager told us they monitored people's food and fluid when they first moved into the home and in conjunction with guidance from health care professionals. Records were improved and were monitored to ensure action could be taken, if necessary, to encourage intake.
- People's weight was monitored. Health professionals told us they had confidence in the staff team's ability to identify people that were losing weight and to fortify meals and drinks where required.
- People were generally happy with the meals provided. Comments included, "The food is good, they always check you've had enough" and "Food is brilliant."

- People were offered choices of food and drinks. At lunch time there was a choice of two main meals and people in the dining room were shown meals to help them to make their choice.
- People had positive mealtime experiences. There were relaxed atmospheres in all communal dining areas 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. One person told us how they were able to ask the chef for an alternative and this was always made for them.
- Staff also offered and assisted people with drinks and snacks throughout the day. There were snack stations available in all communal areas and these were risk assessed to reflect the needs of people living in that part of the home.
- People had their needs assessed before they moved to the home. This was to ensure that Maiden Castle House was the right place for them. One person told us, "They did a care plan. They asked me lots of questions."
- People were able to make choices about their day to day care and how this was delivered. One person said, "They ask you about what you want, like what time do you want your breakfast." Another person told us they did not wish to socialise, and staff respected this.
- Care plans identified risks and the control measures that needed to be put in place. For example, one person was assessed as being at high risk of falls and the control measure put in place was observation of the person at specified intervals.

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

- The majority of evidence showed that people had access to healthcare services and support when they needed it. However, we noted examples where staff knowledge or communication may have caused delays. The registered manager was aware of these situations and had ensured training was provided to the staff involved. We were not able to review the impact and sustainability of the registered manager's intervention during this inspection.
- People, and relatives told us that people had their healthcare needs met. We received comments such "If you are poorly, they would get the GP. The frailty team come here every Wednesday. I think staff would know if you weren't yourself.", "We feel extremely lucky that we know (loved one) is able to stay at Maiden Castle House throughout their illness and have faith and confidence she will be treated with respect and dignity." And "(Loved one) has been quite poorly on several occasions and staff have always kept us fully informed of their state of health and have chased Dr's & hospital to get them seen & treated."
- Healthcare professionals told us the staff were proactive in making referrals. They told us that the channels of communication between teams have been good.
- The home had a named clinical lead from the primary care network. A team visited the home weekly to see people who the home had concerns about. This helped to ensure people received consistent support to meet their healthcare needs.

- People's oral health care was assessed and planned for. Staff were able to describe the support people needed to maintain their oral health.

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

At our last inspection, the provider was not meeting the conditions of people's DoLS authorisations. There 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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.

- There was a robust system in place to ensure that staff understood the conditions that were applied to people's Deprivation of Liberty Safeguards.
- One person had conditions in place. These conditions were being met where possible during the pandemic. The staff team had tried to find solutions to meet the conditions of this person that involved activities made impossible due to Covid -19 restrictions in place for the whole population.
- Staff had completed training in MCA and understood how they encouraged choice, and self-determination, in their daily work. One member of staff reflected on how people's choice determined the shape of people's days.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. One care plan demonstrated that the person was being supported to take medicines and receive personal care in their best interests.
- People could be confident that care would be provided with their consent or in their best interests. Pre-admission assessments gave details of how people made choices. For example, one assessment we read stated the person made day to day decisions for themselves but liked to consult a specified person for 'big decisions.'

- People were offered choices. Throughout the day we saw that staff asked people if they wanted to be supported and offered choices. For example, at lunchtime we saw that a person was offered a clothes protector to wear and staff respected their choice.

Staff support: induction, training, skills and experience

- Staff told us they felt very well supported by their line managers. We were told, "I have found the management team to be incredibly engaging." And "The support is excellent especially over this last year... I cannot praise (the registered manager) and (deputy manager) enough."

- People had confidence in the staff who supported them. One person told us they required staff to support them to move using a mechanical hoist. They said, "Staff use the hoist, they are very good. There's always two of them." Another person commented, "Well trained staff. Very good."

- Staff had completed induction training and had on-going training and support that enabled them to carry out their roles..

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

- People's bedroom doors all had their names on. This enabled people to find their own rooms. A spelling correction was corrected during our visit. This was important as it can be upsetting to people and their loved ones when names are not used correctly.

- People's bedrooms were personalised with belongings that were important to them.

- Staff considered people's individual needs and how adaptations could be made for them. We heard how one person's environment had been adapted with tape placed on the floor to successfully improve their confidence when moving independently.

- The environment had been adapted with dementia friendly signage and décor. Additional cleaning had been put in place to reduce the chances of cross infection and this meant that objects of interest remained available to people with dementia.

- The provider organisation was working on a dementia strategy which included a focus on improving the environments for people living with Dementia.

# 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 requires improvement. At this inspection this key question improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 last inspection we found omissions in the monitoring of people's behaviour and quality assurance systems had not been effective. There was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Changes that had been implemented after our last inspection by the senior management team including the new registered manager who provided robust oversight.
- A new electronic recording system had been introduced two days prior to our visit. We found some examples of inaccurate recording using this system. The registered manager assured us there would be ongoing training and coaching to ensure this system supported people's care effectively.
- Audits and feedback from staff and people were used to ensure people received a good quality service with an emphasis on improvement.
- People lived in a home where there was a staff structure which made sure there were always senior staff available to them. This also meant there were senior staff to offer guidance and advice to less experienced staff.
- People knew who the registered manager and deputy were. People told us if they had any concerns, they could speak with someone. One person said, "I would go to (Registered manager and deputy's name) They are brilliant." Another person told us how highly they rated both the registered manager and deputy for their care and professionalism after their experience of moving into the home.
- Staff were motivated and told us their line managers and colleagues were supportive. We heard repeated comments about the 'excellent team' and 'positive attitude' of colleagues.

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 transparent with people, families, colleagues and relevant professionals and made effective and timely improvements.
- 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People lived in a home where there was an ethos of providing individualised care. We observed staff knew people well and responded to their individual needs. A relative reflected on this saying, "We feel very lucky there was a space for (loved one) at Maiden Castle. ... they ensure they support the well-being of the whole person encouraging their 'independence' for as long as possible."

● People, relatives and the majority of staff reflected on the fact that the management team were approachable and that they were always available to discuss any concerns or issues.

● The senior team and staff had a good understanding of equality issues and individual needs were met. One relative fed back how well their loved one's religious needs were supported.

● The registered manager facilitated regular meetings to enable people and their relatives to discuss their views on the home.

● Feedback from people and relatives showed they were happy with their care and feedback given about any suggestions for improvement were acted on. We heard comments such as "It's very nice here. I can't fault it. I get help with everything." And "I feel well looked after. They help me."

● People praised the staff and said they always made them feel valued. One person told us, "If you ring the bell they come quickly. I ring a lot, but I have never heard any staff complain."

● People felt cared for by staff who were well motivated and happy. This resulted in a happy and caring atmosphere for people to live in. One person said, "The staff are brilliant. They are always cheerful. Nothing is too much trouble. Home from home really." Another person said, "Having to be dressed by someone is the most horrific thing. But it's not because they are so kind."

● The registered manager and senior team shared a commitment to provide a service that was person-centred and supported people to live meaningful lives. Staff comments reflected this motivation. We received comments such as "I love working at Maiden Castle House, the team are always so positive and hardworking we all have the best interests of the residents and seeing the residents smile are what make our jobs worth it."; "The connection between care staff and our residents are so strong, whether it's having a laugh over tea at three or having a dance while Alexa is playing some of their favourite songs. It's always a happy, fun environment!" and "With the whole pandemic, everyone stepped up and put their job first, which I know is sometimes difficult but it really helped get us through it, and although it was an upsetting, hard time coming into work, seeing all the support towards staff and residents made the hard times a little easier."

Working in partnership with others

- The staff worked in partnership with other professionals to ensure people's needs were met. This included

making referral to professionals to meet specific needs.

- Professionals fed back that they were able to communicate effectively with the senior team.