Methodist Homes

# Maple Leaf House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Maple Leaf House is a nursing home providing personal and nursing care to up to 48 people. The service provides support to older people and those with dementia. At the time of our inspection there were 45 people using the service. The home is purpose built to support people with living with dementia. It accommodates people on one floor with three wings, with a number of communal lounges, dining areas and quiet spaces. People have access to a secure outdoor space.

People's experience of using this service and what we found
Records in relation to medicines were not always completed and best practice guidance in relation to medicine disposal was not always followed. People's risk assessments were not always reviewed following changes in their needs, such as after an incident. There were enough staff to meet the needs of the people using the service, however increased use of agency staff had impacted on the service providing person centred care and support. The home was clean and well maintained. Safeguarding processes were robust and ensured people were protected from the potential risk of abuse.

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.

Actions to improve the service or mitigate risk were not always effective. People's care records were not always kept up to date. The provider had not managed the impact of increased use of agency staff on the people's care and support. The culture within the service was not always positive; staff and relatives did not always feel communication with management was effective. The registered manager was open and transparent, understood their regulatory responsibilities and engaged with the inspection process. The service demonstrated joined up working with a range of professionals.

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 8 October 2019).

Why we inspected
We received concerns in relation to the management of medicines, staffing and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe 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 Maple Leaf House on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Details are in our well-led findings below.

# Maple Leaf 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 Health and Social Care Act 2008.

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
This inspection was carried out by 2 inspectors, a specialist nurse advisor 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
Maple Leaf House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maple Leaf House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 2 people who use the service and 11 relatives of people. We spoke with 14 staff, including the registered manager, area manager, deputy manager, care workers, kitchen staff and domestic staff. We carried out observations of communal areas. We reviewed a range of records including 5 people's care records, 6 wound records, medicine administration records and some records relating to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Best practice guidance in relation to disposal of sharps and medicines was not always followed. We found sharps bins were not signed and dated when brought into use and were stored on the floor. A bin containing medication for disposal was above the maximum fill line and one had a broken lid. This meant it was possible for medication to be taken from the bin.

● Medicine records were not always completed. For example, we found several missing signatures within people's medicine administration records (MAR) and missing records of temperature checks of the clinic room and fridge. This meant people may not have received their prescribed medicines and medicines may not have been stored at the correct temperature.

Assessing risk, safety monitoring and management

● People had risk assessments for all their care needs but these were not always reviewed in response to incidents or changes in needs. For example, one person's medication care plan was not reviewed following discharge from hospital although their medication, and administration of medication had changed. This meant staff and agency staff did not have up to date guidance on how to support people safely.

Medicines were not always managed safely. Risks to people were not always reviewed when their needs changed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took prompt action following the inspection to address the issues identified. We received copies of up to date care plans for some people at the service. Appropriate disposal was arranged for medicines and additional checks were implemented in relation to MARs.

● Where people had been prescribed medication on an 'as required' basis there were detailed protocols for the administration of these. This included the maximum dosage in a 24-hour period, indications and frequency of dosage.

● Best practice guidance in relation to controlled drugs was followed. Stocks of medicines were kept in locked cupboards and opening dates were added to liquid medicines.

● Some systems to communicate changes to people's needs were in place. This included daily handovers, a changes book and digital system to alert nurses of any changes. The registered manager assured us they were working on ensuring these systems were consistently used.

● Some fall sensors were observed to be switched off whilst people were in their rooms. The deputy manager confirmed the people required their sensors on whilst in their rooms and ensured they were on.

The deputy manager told us this was checked as part of their daily walkaround.
● Safety checks on the environment were routinely carried out. Maintenance records were up to date and showed prompt action was taken when issues were reported.

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

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong
● Further improvement was required to ensure action to prevent re-occurrence of accidents or incidents was always followed through. For example, where it identified a care plan required review, this was not always completed.
● There was a system in place for staff to report accidents and incidents. The registered manager oversaw these reports and analysed them for themes and trends. This helped to identify anyone was in need of a referral to healthcare professionals.
● Learning was shared with staff. There were systems in place to communicate information with the team, such as daily meetings and alert systems.

Staffing and recruitment
● The service relied heavily on agency staff. Where agency staff were new to the service, care staff felt responsible to support them in understanding their role and the needs of people. This sometimes had an impact on providing person-centred care and support as staff focused on completing tasks. One relative told us, "They (staff) have no time. [Relative] is no trouble. [Relative] doesn't have time spent with them."
● Relatives fed back how use of agency staff meant people were not always supported by familiar staff. One relative said, "There are always a lot of agency staff and it feels like there is a lack of continuity for residents with dementia." A further relative said, "I realise it's very difficult but there are lots of agency staff, different faces. (It is) hard for people with dementia."
● The registered manager understood the importance of continuity of care for people. Block booking of agency staff was undertaken where possible to ensure people were supported by consistent staff. A recruitment drive was underway to recruit permanent nurses and care staff.
● Not all staff had completed up to date training, however the registered manager assured us where training was outstanding, action had been taken to address this. Nursing staff received competency assessments annually.
● There was enough staff to meet the needs of people using the service. This included ensuring people received their commissioned one to one support. Staff were observed to attend to call bells quickly and communal areas were supervised.
● People's individual dependencies were used to inform safe staffing levels. These were reviewed regularly. Rotas reviewed were in line with the calculated safe staffing levels.
● Staff were recruited safely. The provider carried out checks such as Disclosure and Barring Service (DBS)

checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.

Visiting in care homes
The service was supporting people to receive visits in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. Staff understood how to report any safeguarding concerns and safeguarding information was visible around the service. Relatives told us they felt people were safe at the service.
● The provider's system to report accidents and incidents guided staff to consider whether a safeguarding referral was required. When this was selected, the provider's safeguarding lead contacted the service to provide guidance and support on managing the safeguarding concern.
● Investigations into safeguarding concerns were completed by the registered manager. The service worked alongside the local authority safeguarding teams.

Requires Improvement

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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

- Systems were in place monitor the quality of all aspects of the service. However, measures to reduce or remove identified risks to people using the service were not always effective. For example, medicine audits had identified issues with sharps disposal and gaps in MAR's; however, action to address these concerns had not been effective as they were found during this inspection.
- Accurate and up to date records were not maintained for people using the service. For example, one person had suffered an injury after falling; however, their care plan had not been reviewed on their return from hospital. This placed this person at increased risk of further injury. We looked at 5 people's care plans and found they had not been reviewed consistently.
- The providers system to ensure staff, and agency staff, understood their roles and responsibilities was not effective. This meant tasks such as updating care plans or medicine disposal were not always completed as staff and agency staff were not clear who's role this was.
- The provider had been made aware and failed to take effective action to address concerns about uncertainty of staff roles. The registered manager told us they were continually recruiting. However, this did not ensure duties were carried out as required to keep people safe.

Systems failed to ensure effective action was taken when risks were identified. The provider failed to keep accurate and up to date records of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed additional prompts and checks were in place in relation to medicines. A care plan action plan was implemented to review and update all care records.

- Technology was used effectively. An intranet system allowed the provider to update staff on key changes, such as policy updates or new systems.

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

- Not all staff spoke of a positive culture within the home. Some staff reported feeling regularly overstretched, some told us staff morale was low. One staff told us, "Everyone is a bit stressed." Another told us, "Staff sometimes get fed up because there's too much to do."

● Not all relatives knew who the manager was or felt communication with management was effective. They told us this sometimes impacted on people's outcomes as management were not always visible or proactive.
● The registered manager was passionate about dementia care. During our inspection they presented to senior leaders within the organisation, pitching a model of care they felt would improve the lives of people living at the service. Staff we spoke with shared this passion.
● We observed staff to treat people with kindness and respected their equality characteristics. Staff spoke warmly about people, and relatives described care staff as dedicated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There were opportunities for people, relatives and staff to feedback on the running of the service, such as meetings, surveys and staff supervision. However further improvement was required to ensure people relatives and staff felt engaged with the service. A relative told us, "COVID-19 caused a gap in communication, but they have never filled that gap." Another said, "I just don't feel I am very connected."
● Staff told us they did not always feel their feedback was listened to. One staff told us, "Why aren't we seeing change we are feeding back." Another said, "Staff are feeling down at the moment, they won't say anything as nothing changes. " Another told us, "I wish management would address problems and not pass it on to care staff."
● The registered manager had already identified communication as an area for improvement within the service. They had begun to implement changes such as forming a relatives committee and organising meetings between the provider's human resources (HR) team and staff, to enable staff to raise concerns.

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
● The registered manager apologised when things went wrong. When formal complaints were made, people were offered an apology and their concerns were addressed.
● The registered manager was open and transparent throughout the inspection process.
● The registered manager understood their regulatory responsibility to submit statutory notifications to CQC when significant events occurred at the service.

Working in partnership with others
● The service worked collaboratively with a range of external stakeholders and agencies. This included the local authority, commissioners and health and social care professionals. We saw effective sharing of information where appropriate.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not always managed safely. Risks to people were not always reviewed when their needs changed. This placed people at risk of harm. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems failed to ensure effective action was taken when risks were identified. The provider failed to keep accurate and up to date records of people using the service. This placed people at risk of harm. |