

Anchor Hanover Group

Maple Dene

Inspection report

10-14 St Agnes Road
Moseley
Birmingham
West Midlands
B13 9PW

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Website: www.anchor.org.uk

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

The inspection took place on 12 December 2018 and was unannounced.

Maple Dene 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 accommodated up to 40 older people. At the time of our inspection there were 37 people living in the home.

At our last inspection on 27 April 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring which demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. Medicine administration records were completed by staff safely. Risks associated with people's needs had been assessed and measures were in place to reduce these. There were sufficient staff to meet people's needs and safe recruitment procedures for staff were in place. Accidents and incidents were monitored to identify any trends and measures were put in place to reduce the likelihood of these happening again.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People received care from staff who were very kind and compassionate. Staff supported people on an individual basis and focused on them as a person. Feedback from people, relatives and healthcare professionals was extremely positive and complimentary. People's rights to privacy were respected by the staff and their dignity was maintained and upheld at all times. People were supported to express their views and be actively involved in making decisions about their care and support needs by a provider who valued their input. People's independence was encouraged and promoted.

People continued to receive a responsive service. Their needs were assessed and their support was planned with them and or their relative where required. Staff knew and understood people's needs well. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaints procedure available if this was needed.

People continued to receive a well-led service. The monitoring of service provision was effective because shortfalls had been identified and resolved. There was an open and transparent and person-centred culture

with adequate leadership. People were asked to share their feedback about the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	Good ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remained responsive.	Good ●
Is the service well-led? The service remained well-led.	Good ●

Maple Dene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 December 2018 and was unannounced.

The inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service. Prior to this inspection, we reviewed information we held about the service such as notifications and the provider information return. Notifications are events that happen in the service the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We contacted commissioners who had a contract with the service.

During the inspection, we spoke with seven people who used the service, and six relatives of people who used the service for their views about the service they received. We spoke with the registered manager, the deputy manager, the regional manager, a senior care worker, two care staff and the chef. We also spoke with a visiting health professional. 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 looked at the care records of two people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks, the management of fire risks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

People told us they felt safe living at Maple Dene. One person said, "The way the staff treat us I feel safe here." Another person commented, "I feel safe because there is always someone around."

People received their medicines safely. One person told us, "They make sure that I take my medication. They watch me take it." Medicines administration records were completed by staff when they had supported the person to take their medicines. These had been completed correctly and were reviewed to reduce the likelihood of errors. If people took medicine on an as required basis there was guidance for staff on when this could be given. The temperature of the areas where medicines were stored had been taken and was within recommended limits. Creams were stored in people's rooms. However, these had not always been dated when opened. The deputy manager told us they were opened each month and so were within date. They agreed they would make sure they were dated when opened.

Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way.

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People told us they would speak with the staff or registered manager if they were worried about anything. Staff understood potential signs of abuse and what to do if they suspected someone was at risk. They had received training in relation to safeguarding people from abuse. Information was available for people and staff if they felt they needed someone to talk to.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. One person had a risk assessment in place as they were at risk of problems with their skin. Staff understood their responsibility to monitor the person's skin for any concerns and what steps should be taken to support the person if this happened. Staff knew how to support people with their behaviour if they showed behaviour which challenged. Positive behaviour plans were in place.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. One person commented, "Staff always come quickly if I ring my call bell." Staff communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach and responded to people's needs in a timely manner.

The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role. One staff member said, "I didn't start work until all of the checks were completed."

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do, and each person had a personal emergency evacuation plan.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were completed each day and checks were carried out to make sure these had been done.

Is the service effective?

Our findings

People had their needs assessed before they began using the service to make sure these could be met. People told us staff 'were nice' and 'helped them'. One person commented, "The staff keep an eye on you." Staff had received training they required to do their jobs and they also received regular supervision and appraisal. A staff member said, "We often have spot checks and supervision." This meant staff had opportunity to discuss their learning and development needs and their performance.

Staff had an induction period and were supported to understand each person's needs. New staff were supported to complete the Care Certificate. Additional training had been arranged to help staff understand each person's specific needs, for example, supporting people who were living with dementia.

People were supported to eat and drink enough and maintain a balanced diet. One person told us they enjoyed the food. They said, "The food is good here and we have choices." Another person mentioned, "The menu is limited. The food could be much better." The menu was agreed with people at residents' meetings and people told us they could ask for an alternative if they did not like the meal on offer. Some people required specialised diets such as low sugar. Guidance on how to provide these and food to avoid was available. Staff could explain people's individual needs and how they provided meals to ensure these were met. The choice of meals was varied and people could choose an alternative. There was a drinks station for people to help themselves to drinks when they wanted, and a coffee machine for people and visitors to use. People were offered drinks and snacks throughout our visit. They were supported to make their own food and drinks using facilities in their rooms.

People had access to the healthcare services they required. A visiting healthcare professional commented, "The staff will always call me if someone needs something. I can ask them questions and rely on their judgement." Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals such as GP's and chiropodists. People were supported to attend regular appointments including the optician and doctor. The registered manager had identified some people struggled to register with a dentist so had promoted healthy oral hygiene in November to promote the need for good hygiene and encourage people to attend dentist appointments.

The premises and environment met the needs of people who used the service. Work had been undertaken to provide different areas for people and their visitors to use to maximise the space. For example, there was a waiting area with settee's and a dementia friendly fireplace (coals were cold to touch) outside the hairdressing salon so people could wait there and talk to their friends. There was also a coffee area and a nail bar was being developed. The registered manager told us some people had found the doors quite heavy as they were fire doors and had slow closing mechanisms. They had changed the doors to lightweight doors for people to make it easier for people to close them. Doors to people's bathrooms had been removed at their request to make their rooms more accessible for them.

People had their own room which included kitchen facilities and an en-suite bath room. Some people had individual lounge spaces in their flats. There was a communal dining room, lounge and conservatory. The garden had been made accessible by raising the flower beds so people could use this in wheelchairs or who struggled to bend down. One person commented, "I enjoy going out in the garden. It is good exercise." People had chosen how they wanted to decorate their rooms and the furniture they had.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Consent was sought before care and support was provided. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff told us people were supported to make their own decisions. One person commented, "They involve me in making decisions about my care." registered manager had made applications to request authorisation where people's liberty may have been restricted.

Is the service caring?

Our findings

People were provided with care which was kind and compassionate by a caring and dedicated team. The staff provided an outstanding level of care which was based on each individual. The registered manager told us people were enabled to run their own home and make all the decisions about the service. They said, "We are just here to make it happen. It is their home." People, relatives, staff and healthcare professionals were consistently positive about the caring approach of the provider and the staff. The registered manager carried out regular observations of practice to ensure staff were treating people with kindness and compassion. They took action if they saw someone acting in a way which was not in line with the organisations values.

People were treated with kindness and compassion. One person said, "The carers are very kind. If you need something, they will get it for you if they can." A relative commented, "This is a very caring environment, I can feel it when I enter the building. I can see they genuinely care about the residents." A health professional commented, "This is probably the best home I have looked after. I have 25. They are reliable, organised and kind. They do things in the right manner."

Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth and compassion for the people they were supporting. For example, kneeling or sitting down next to people to listening to what they were saying and gently waking one person up for their lunch. People were not rushed and were given time to respond to a question. We heard staff talking to people with compassion. For example, one person was showing some agitation and a staff member sat down and talked to them calmly and offered them reassurance and support. Throughout our visit we saw a consistent empathetic, compassion approach towards people from the registered manager and the care staff. Staff were particularly sensitive at times when people needed caring compassionate support. A person told us, "I get nervous and agitated. The staff would sit and talk and calm me down."

Staff were passionate about their job roles. One staff member said, "I love working here. I have had some hard times and my job keeps me going." Another staff member told us, "It is lovely here. Everybody is very happy. It is a nice big family like home. A visitor told me it is a joy to come here." Staff spoke warmly and positively about the people they supported. One staff member commented, "I like to sit with [person] and chat. They are so interesting. Everyone here has a story to tell."

People had care plans which were focused on them as an individual. They included detailed life history, likes, dislikes and preferences. This information was used by staff to help them develop activities people enjoyed and to start discussions with people. Staff understood people's care needs and the things which were important to them in their lives. The registered manager told us, "One person used to have their dog here. Relatives are free to bring pets to visit people. It is their home."

People were supported to maintain relationships with others. One person told us, "Relatives and friends can visit at any time." The registered manager told us relatives were invited to join meals if the person wanted

them to and one relative who travelled a long way to visit stayed over so they could make the most of their visit. They explained how one person was unwell and wished to see their relative who found it difficult to visit. The visit was facilitated and the person got to spend time with their relative in private to make sure their wishes were met.

During lunchtime people showed they had developed friendly relationships with others who lived at the service. People reminded staff of what others liked to drink before they had come to the table and appeared to enjoy talking with each other and spending time together while eating. Mealtimes were important to people and staff offered people choices of all their meals including if they wanted brown or white bread, butter or sauces with their meals. The television was turned off so people did not have distractions during meal times and staff actively encouraged people to be involved in the mealtime experience with their friends.

People were actively encouraged to maintain their independence. One person said, "The staff help me with my personal care if I need it but they encourage me to be as independent as I can be." Staff encouraged people's independence such as when they moved around the service using walking aids. Staff offered verbal support and encouragement. One person was encouraged to try to stand however when this was not possible for them staff supported them to use an aid to help them. This meant staff encouraged people to do what they could first without trying to use aids when these were not needed to maintain people's abilities.

Staff knew people well and respected their need for privacy however also made sure people did not become socially isolated. A relative commented, "I see the staff sit and speak with residents."

The registered manager led by example to make sure people were always treated with respect and dignity. They knew people well and showed genuine affection and care for everyone. Staff treated people with dignity. One person told us, "The carers speak to me and treat me with respect when caring for me. They knock on my door before entering my room." A health professional commented, "They always treat people with dignity."

People were valued and were encouraged to make decisions about their home. There were regular resident's meetings where they could share ideas and make suggestions. One person commented, "We have residents and relatives' meetings. We can discuss anything." The registered manager told us people were involved in deciding which staff worked at the service, what meals were on the menu, activities, and how things were done. For example, people had said they wanted printed menus on the table which they could choose from daily instead of menus on the wall around the home. This was done. People had also taken part in fundraising activities to support charities of their choosing. Information was around the service about how much had been raised for each charity. This was important to people to enable them to continue to offer their support.

Friends and relatives were invited to events at the service, such as a Christmas party, so people could celebrate together with friends and families. The registered Manager told us that the organisation use Workplace by Facebook to share relevant information and good ideas to improve the lives of people who used the service. Staff have access to this. Staff could also access this. Pictures of events were displayed and shared, with people's consent, with friends and family.

People's individual care was planned with them and regularly reviewed to make sure they were happy with the care they were receiving. Changes were made if people wanted to if their needs had changed. Relatives were involved if people wanted them to be and if this was appropriate. One person had recently asked for

their relatives to be involved to help them to make decisions about their care. This had been followed up and they had been asked for their input. People had signed their own care plan where possible and agreed with the information in it and any changes which had been made.

Is the service responsive?

Our findings

People received support based on their individual needs. If their needs changed staff could respond to this and offer support which continued to meet their needs.

People were involved in the care planning process and their preferences about the way they preferred to receive care and support were recorded. For example, routines which people liked to follow were recorded and staff respected this and were knowledgeable about everyone's care preferences. Staff could tell us about people's likes and dislikes including with their food and activities and people were supported to follow these. People were involved in reviewing their care and had the opportunity to record their comments. The registered manager explained if there were changes between the reviews the care plans were updated to reflect these.

They were supported to follow their interests and take part in activities that were socially and culturally relevant. People were offered services for different religions within the home. They were also supported to visit other places of worship if they wanted to. People were supported to follow ceremonies which were important to them such as communion. The provider had developed an initiative called Oomph. This was based on people doing physical activity to keep them active and improve their quality of life. All staff had been trained to offer activities and there were champions for different activities. People were supported to use I Pads for reflection on past events and to maintain contact with families. One person commented, "There are always activities to suit all abilities." A member of staff told us, "I loved doing the Oomph training. It was hands on and it is good to put into practice. People enjoy it." The registered manager explained with all staff being trained in activities these were available seven days a week so there was always something people could join in with.

Staff encouraged people to maintain links with their local community. Each year people entered 'Moseley in bloom' and were often awarded 'thriving status'. The registered manager explained they had created links with the 'St Agnes resident association' which was a group of people from the road the home was on. There were regular newsletters and information which was delivered within in the home so people knew what was happening in the area including events they wanted to participate in. Children from the local nursery visited the home fortnightly. This was important to people as they got to spend time with the children.

People received information in accessible formats. The registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Information was available in different formats including easy to read if this was needed.

The provider had a complaints procedure which they followed. 18 complaints had been received in the last 12 months. The registered manager considered any negative comment as a complaint so action was taken to address any concern and documented. These had been responded to following the procedure and within

the agreed timeframes. People had been informed of the outcome.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences and wishes. Their families had been involved in developing these where appropriate to ensure people's wishes were supported.

Is the service well-led?

Our findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The management team carried audits to check the service being provided was of a good quality and staff were working in the right way to meet people's needs and keep them safe. The registered manager had a universal action plan which identified all areas for improvement and tasks needed to complete these. Actions had been completed within agreed timescales.

There was a clear vision and culture shared by managers and staff. The culture was based on helping people to continue to do all the things they enjoyed in their home and in their local community. Staff recognised the importance of this and told us how important it was for people to be part of their community. Staff said, "We make sure people are doing things they enjoy and have links in the area. We are like a big family."

People who used the service knew who the registered manager was and enjoyed talking to them. Staff provided feedback about the management team which suggested they could approach them and felt supported. One member of staff commented, "I am lucky to have a job here. The management are great. It is like a family." Staff had regular team meetings and understood the importance of sharing information with each other. One member of staff told us, "We get eh chance to give our feedback. It is listened to. We get told of any changes."

People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. People were sent surveys to complete. Feedback from these was positive. The survey for this year had been recently completed and the registered manager was waiting for the feedback to give to people. There was a 'you said, we did' board available which identified things people had asked for and what had been done to achieve these.

Staff worked in partnership with other agencies. Information was shared appropriately so people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was available at the service and on the website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.