

Anchor Trust

Maple Dene

Inspection report

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

Website: www.anchor.org.uk

Date of inspection visit:
27 April 2016

Date of publication:
28 June 2016

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

We inspected this home on 27 and 28 April 2016. The home was last inspected in July 2014 and was meeting all the regulations. The home is registered to provide personal care and accommodation for up to 40 older people. At the time of our inspection 37 people were living at the home. We observed how care was provided to people and whether people were happy living at the home.

The registered manager was present during our inspection. 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.

People felt safe living at the home and risks to their safety had been identified and managed in a way that did not restrict their freedom. Staff knew how to support people safely and had received training in how to safeguard people from abuse. People and staff told us there were sufficient staffing levels to meet people's needs. People's medicines were safely managed, stored and administered by staff who had received training and had been assessed as competent to administer medicines.

Staff received training to provide them with the level of skills and knowledge to deliver care effectively to meet people's individual needs. Staff obtained people's consent before providing them with care and support. People's liberty was not restricted and the registered manager had followed the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) where people's safety needed this. People told us they were offered meals which they enjoyed. People were supported to eat enough food and drink by staff who understood their nutritional needs. People's health was supported by access to a variety of health professionals.

People told us that they were supported by staff who were kind, caring, attentive and compassionate. People were able to make decisions about how they wanted their care provided. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People told us that they played an active part and contributed to the planning and reviewing of the care they wished for. A variety of activities were provided to meet the interests of individual people. We saw people were engaged and were consulted about the activities programme. A complaints procedure was available and accessible to people and their relatives. People were confident complaints and concerns would be listened to and acted upon.

People described the management of the home as supportive, approachable and friendly. People told us they were encouraged to express their views and experiences about living at the home and that their views were valued. Systems for monitoring the quality and safety of the service were being undertaken to drive improvements within the service. We saw evidence to demonstrate that the registered manager was continually looking at how they could provide better care for people.

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.

People felt safe and risks were managed in a way to keep people safe without restricting their independence.

Staff understood their responsibilities to safeguard people from abuse and harm.

Medicines were managed safely by trained staff. Competency assessments ensured staff practiced in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were supported and received training which enabled them to meet people's needs effectively.

Staff understood how to support people's rights and respect their decisions and choices.

People enjoyed their meals and dining experience. People had access to a variety of healthcare professionals to assist with their well-being.

Is the service caring?

Good ●

The service was caring

People were treated by staff who were kind, caring and compassionate.

People told us they were involved and made their own decisions about how they wanted their care provided.

We saw that people's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People told us they were involved with the planning and reviewing of their care.

People had access to a variety of activities which they chose, participated in and enjoyed.

People knew how to make a complaint and told us they were confident concerns raised would be addressed in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives expressed their confidence in the way the home was managed.

People, their relatives and staff were involved and consulted with about how the home was run. There was an open and approachable culture which gave people freedom of expression.

Quality assurance systems were in place were used to monitor the quality of the care provided and to continually drive improvements.

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 inspection took place on 27 and 28 April 2016 and was unannounced. The visits were undertaken by one inspector and an expert by experience on the first day and the inspector on the second. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection we looked at the information we had about this provider. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with 13 of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with five relatives of people and two visiting health care professionals during the inspection to get their views. In addition we spoke at length with the area manager, the registered manager, the deputy manager, four care staff, one activity co-ordinator and the chef.

We sampled some records including four people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the provider's

recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the service monitored the quality of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and secure living at the home. One person we spoke with told us, "I definitely feel safe living here." Another person said, "I feel safe because there have been adaptations made for me and there is always help when I need it." A third person said, "I feel safe here and it is so peaceful. I am one of those people who will say if there is anything wrong but I have never had the reason to." Relatives told us they felt their family members were safe. One relative told us, "[name of relative] is very safe and we both have peace of mind."

Staff knew what constituted abuse and what to do if they suspected someone was being abused. They knew how to report their concerns to the registered manager and or external agencies such as the Care Quality Commission or the Local Authority. Staff we spoke with could confidentially describe the different signs and symptoms that a person might present which would indicate they were being abused and confirmed that they had received training in safeguarding to support their understanding. The registered manager had a good understanding of their responsibilities in maintaining the safety of people from harm. They had notified us about any concerns they had in relation to people's safety which included any incidents of potential abuse or serious injury to people.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe whilst not restricting their freedom. One person told us, "Following a fall the staff have installed additional call bell cords and handrails. This had made me feel more secure." We saw people used different aids, such as moving & handling equipment, walking frames and sticks and stand aids. We saw staff made sure people's specific aids were placed within easy reach of people. One person living at the home told us, "I can still get about as long as I have my walking stick." On the days of our inspection we observed moving and handling activities. There was good interaction between staff and people. Equipment was used efficiently and people were reassured as the transfers were taking place.

We saw that plans were in place to manage emergency situations. In the event of a fire emergency evacuation plans were in place for each person which detailed whether people needed equipment to mobilise. Staff we spoke with were consistent in their response to what action to take in the event of a fire or an emergency situation. Records confirmed that there were procedures in place to record when accidents and incidents had occurred. These had been analysed and appropriate steps had been taken. One member of staff told us, "If accidents or incidents happen we have to report and record them. All the staff get to know so it does not happen again."

People told us and we saw that there were enough staff available to meet people's needs. Staff were consistently in the vicinity of communal areas and responded to people's requests for support. We saw that alarm bells were answered in a timely manner. One person told us, "There are always plenty of staff and they come straight away." Another person said, "There are enough staff, I never have to wait." Relatives told us that staff were visible when they visited the home. One relative we spoke with told us, "Staff are always around which is a good sign." Staff we spoke with told us that they were happy with the staffing arrangements. One member of staff told us, "There are no problems with staffing levels here. If someone is

off poorly we just all work together to get shifts covered." The registered manager described how they assessed and determined how many staff were required to support people living at the home. The registered manager told us, "People's individual needs are broken down on a monthly basis and are categorised into levels of risk. I use a staffing tool to indicate the overall care hours needed per week. I increase the staffing levels when required."

A person living at the home told us, "I help to interview potential staff with the manager. I enjoy doing it." Recruitment processes were in place to help minimise the risks of employing unsuitable staff. We reviewed staff recruitment files and saw that the registered provider's recruitment process contained the relevant checks before staff worked with people.

People told us they had no complaints about their medicines and that they received them when they were needed. One person told us, "I've no worries about my tablets, always get them on time." Another person said, "I do all my own medicines, it's what I want." We saw that for people who wished to manage their own medicines, assessments had been carried out to ensure that they were able to do this safely. We observed a member of staff preparing and administering people's medicines. We saw the staff member informing people about their medicines and asking if they required any pain killing medication. Medicines were administered in a safe and unrushed manner. We observed the member of staff obtaining consent from people before giving them their prescribed medicines. We looked at the medicine administration record (MAR) and the controlled drugs book for some people who lived at the home. We noted that there were no personal information profiles for people. These identify any special instructions that people may have to follow when taking medicines. We checked the balances for some people's medicines and they were accurate with the record of what medicines had been administered. Whilst staff could describe and were signing to indicate that prescribed creams had been applied, there were no instructions for staff to identify where they were to be applied on the person. We saw that staff who were responsible for administering medicines had received regular training and medicine competency assessments.

Is the service effective?

Our findings

People told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared and supported them. One person we spoke with told us, "Staff know what they are doing. To me they appear confident in all their jobs." Relatives spoke positively about the way staff recognised their loved ones needs. One relative said, "Staff here are skilled and experienced. When new staff start I've seen them being supported by existing staff until they are more confident." Staff we spoke with told us that training was taken serious and that they understood it was an important aspect of their role. One staff member told us, "I'm always on training and its good quality." Staff were provided with training in key areas as well as more specialised training to meet specific needs of people living at the home.

All the staff we spoke with told us that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. We saw and the registered manager described how they undertake observations of staff's care practices to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed.

Staff told us that they received an induction which included getting to know people's needs and shadow more established staff. One member of staff told us, "I shadowed staff for a two week period in my induction." There was documentary evidence that inductions had taken place with the support of the care certificate [a nationally recognised induction programme for new staff].

We saw that staff participated and contributed to handovers between shifts to enable staff to facilitate continuity and provide the best possible outcome for people. Staff we spoke with told us that communication was effective within the team. One member of staff said, "The more we communicate the better it is for the people living here." The provider had suitable management on-call rotas in place to support staff when they required advice 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. Staff adhered to the principles of the MCA by seeking people's consent. We observed and heard staff seeking people's consent before they assisted them with their care needs. One person told us, "There is help with my care when I want it but staff always ask my permission first." Where people were unable to make decisions we saw that Mental Capacity Assessments had been undertaken. We saw that where decisions had been made in people's best interests these had involved contributions from the person and their families.

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. The application procedures for this in care homes are 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 were being met. We found that applications had been made to the local supervisory body for DoLS as required and in line

with the legislation. We saw records to demonstrate actions the registered manager had taken to support a person with a DoLS application in the least restrictive way. All the staff we spoke with about this were aware of the reasons behind the applications made and understood that it was unlawful to restrict people's liberty unless authorised to do so. We spoke with a relative who told us, "The manager has worked with [name of relative] and all the family to look at ways of protecting [name of relative]. We have worked through the DoLS process together."

People who lived at the home told us they liked the food provided. One person said, "The meals are very good, plenty of choices and you can ask for special things." We observed lunch being provided to people. Menus were available to assist people in the choice of the food. We saw that people had a pleasant and inclusive dining experience. Staff were present but unobtrusive which showed a real respect for people whilst they were eating. All tables were well laid with appropriate cutlery and condiments. We observed one person did not eat their meal and was offered an alternative which they accepted and enjoyed. We saw that the home provided a nutrition and hydration station in the communal lounge, so people could have access to snacks and drinks at any time of the day and to enable people to access snacks independently.

We saw that people were supported to access a range of health care support. One person told us, "I see the Doctor when I need to. When I was poorly, they [the staff] were so lovely to me, like angels." We saw that one person's care records identified a specific health condition but did not contain specific guidance for staff to follow in the event of a medical emergency. Staff we spoke with confirmed that they were not aware of the medical emergencies that could arise with the person's condition. We spoke with a visiting health professional who told us, "The staff are excellent in listening to our advice and guidance with how best to meet people's health needs. We work well as a team."

Is the service caring?

Our findings

People we spoke with were very positive about the caring nature of the registered manager and her staff team. One person told us, "The staff are 100% caring, they are marvellous. There is no interference. I am very happy living here." Another person told us, "Staff are brilliant, very caring and I see them as my friends." A third person told us, "Staff are gems. They are kind and thoughtful." Relatives were equally complimentary about the staff team. One relative told us, "Staff are wonderful, I just couldn't fault them. They are caring and considerate and go the extra mile. [name of relative] is well cared for."

People told us that their visitors could visit at any time and that staff made visitors feel welcome. One relative we spoke with told us, "There are no restrictions to visiting." Another relative said, "Staff are like an extended part of the family. They know me by my first name." We saw relatives and friends visited throughout the day.

During our visit we spent time in the communal areas and saw that staff interacted with people in a warm and kind way. We saw staff respond to people's attempts to communicate in a timely, supportive and dignified manner. There was a friendly and relaxed atmosphere within the home. We saw staff sitting, talking and listening to people and provided comfort and support to people.

People told us they were involved in their own care and made decisions about their day. One person told us, "I used to eat in the dining room, but I made a choice to eat alone now as I have difficulty with some foods." Another person told us, "I like to stay in my room. There is no pressure to come out. They [the staff] respect my views." A third person told us, "Yes, I am involved in my care. It does me good to be involved in decisions. I can make my own decisions about what I want and where I can go." Staff we spoke with had a good knowledge of people they cared for and spoke fondly and respectfully about people they supported. They could describe individual preferences of people and knew about things that mattered to them. Staff told us and we saw that they gave people choices and involved them in making decisions about their care and daily life's.

People told us they valued their own independence and that staff respected this and encouraged it. One person told us, "They [the staff] encourage me to be as independent as possible but are always on hand to help."

People told us that they felt their dignity was being respected. One person told us, "They [the staff] always knock on my door before they come into my room. If I wanted a lie in they would check in on me then bring me a nice cup of tea." Another person said, "Everyone is respectful here, they all knock before coming in." A relative of a person living at the home told us, "Staff treat [name of relative] with the upmost respect." People we spoke with told us they have privacy when they want it. One person told us, "If I want some quiet time, I just go to my room, or there is a quiet room here and a beautiful peaceful garden." There was a quieter area in conservatory for anyone to use who did not wish to participate in the activities. People had access to their own rooms for private space and one person told us, "I prefer my own space, but I do like spending meal times with my friends." People had their own keys to their rooms for further privacy. Rooms

that we had been invited to see had been personalised with people's photographs and ornaments. Staff could confidently describe what they did in practice to protect people's privacy and dignity. A visiting health professional we spoke with told us, "When I visit, I always see people in their own flat and staff are good at putting the person first."

Is the service responsive?

Our findings

People and their relatives told us that they had the opportunity to visit the home prior to making a decision and moving in. The registered manager told us and records showed that initial assessments had taken place to identify people's individual support needs.

People we spoke with told us they had been involved with planning and reviewing their care. One person we spoke with told us, "I was fully involved in developing my care plan. It contains all the things that I want in life." Care records we saw were person-centred and contained information about people's personal preferences, daily routines and life history. We saw that this identified what was important to people. We saw some people had personal memory boxes outside their rooms which had been made by people, their relatives and staff. We spoke to one relative who told us, "It's all about what my mum wants here." Another relative said, "It's the personal things that matter to people. We had a great time making mum's memory box." Staff we spoke with had a good understanding of people's individual preferences and knew what was important and of interest to people they cared and supported for. Staff spoke with sincerity and compassion when describing people's likes and dislikes. One member of staff said, "People are individuals and all have something to give."

People told us and we saw that activities were provided at the home. People and their relatives spoke enthusiastically about activities. Staff had worked to find creative ways to enable people to live as full as life as possible. One member of staff told us, "If an activity is provided and only two people attend then my manager says we have made the day for two people." One person living at the home told us, "I'm never bored. I enjoy my own company but I never ever miss the exercise man. I look forward to him coming every week. He is marvellous." Another person told us, "I enjoy the poetry club." A third person told us, "We put had great celebrations here to celebrate the Queen's birthday. We plan what we want to do ahead of each week." We saw a person watering some home grown plants and they told us, "I'm in the gardening club and we are growing peas. The garden is beautiful and so well maintained. I enjoy very much spending time in it." People and staff told us that the home had recently been on a virtual cruise and had started to plan a virtual train journey which included staff dressing in different costumes from around the world and food being offered from different countries. In addition relatives spoke positively about the efforts that staff went to provide activities. One relative told us, "My relative gets involved with everything that is going on." On both days of our inspection we saw activities provided which people were engaged in and enjoyed. People were baking, walking in the garden independently or with staff or their friends. We observed people and staff participating and singing with an entertainer and saw people participating as much as they could to the exercise session. We saw people were relaxed and were also able to pursue their own interests. One person told us, "My friend visits regularly and takes me to the library as I love to read." People told us they were able to attend religious services of their preferred choice.

We spoke with the activity co-ordinator who told us about the good community links that people were involved in and told us, "We have recently been involved in the Moseley in Bloom flower completion. We also support people to attend local social clubs to keep people engaged with the community." We asked staff how they prevent people who remain in their rooms from being lonely. One member of staff told us, "We will

provide activities for people in their own rooms, if they wish to. Sometimes people just want to have a chat and a cup of tea." People were supported to maintain relationships with people that mattered to them. One person told us, "I have someone visit me every day; it's my home after all." A relative we spoke with told us, "My family are all close, staff respect that we want to visit. This place is like home from home and we are so pleased our relative lives here ." A member of staff we spoke with told us, "We hold regular resident and family quizzes, so everyone can be together."

People told us they knew how to complain and that they would feel confident to raise any matter of concern. One person living at the home said, "If I had a complaint I would go to the office." Another person told us, "I have never needed to complain but if I did I could speak to the manager or a team leader, they would help me to sort it out." All the relatives we spoke with told us they would speak to the manager if they had any concerns. The registered provider had a system for responding to complaints so that corrective action could be taken. The registered manager told us the importance of resolving complaints and then more importantly learning lessons from them to prevent reoccurrence.

Is the service well-led?

Our findings

Feedback from people, their families and friends and health professionals described the home as consistently providing a high quality service. People told us they had confidence in the registered manager and were happy with the way the home was run. One person living at the home told us, "I know who the managers are. I can approach them. I am happy with the home and how it's run." Another person said, "The food is good, the staff are great. [name of manager] runs a tight ship. People are placed with care and visitors encouraged. This makes for a good atmosphere." A third person we spoke with said, "The manager is so optimistic, not at all interfering. She has a lot of experience. She wants us to feel at home and happy. The team leaders all bring something to the job. Not everyone is right for work like this, but they [the staff] are hand-picked."

People told us and we saw that they had been actively involved in meetings to discuss their experiences of living at the home. One person we spoke with told us, "Once a month we have a residents meeting. We can make suggestions. Once a suggestion is made they [the managers] try to implement it, if it's possible." Relatives we spoke with told us they were involved with the running of the home. We saw that relatives had developed a Relatives Network which involved an information sharing and support group. We saw surveys had been used on a regular basis to capture people and their family's feedback. People we spoke with told us they thought surveys were a good idea and that their suggestions were listened to. The registered provider stated in the provider information return (PIR) that the service had listened to the views and experiences of people and their relatives about the service. Displayed in the reception area was a "You said, We did" information board. For example, we saw that people had said that drinks weren't always hot so it had been agreed to purchase thermos flasks to rectify this issue. One person we spoke with told us, "I go to the residents meetings and when I raised an issue about my shower, it was sorted immediately. This demonstrated that people's feedback was encouraged and responded to in a timely manner."

People and staff we spoke with described the home as having an open and honest culture. One person told us, "I go and sit in [name of manager] office and have a chat if I have any concerns." We saw records about safeguarding incidents had been shared in monthly meetings with staff which demonstrated the registered manager had systems in place for sharing and learning from incidents. Staff we spoke with consistently described the registered manager as approachable. One member of staff told us, "The managers are supportive which makes good team work." Another member of staff told us, "We are encouraged to speak up if anything is wrong."

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the provider. The registered manager had kept up to date with new developments, requirements and regulations in the care sector. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

There was a clear leadership structure which staff understood. Staff were able to describe their roles and

responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly which enabled staff to voice their opinions towards the continual development of the home. A member of staff told us, "We received regular newsletters from the organisation, so we know about any changes and we complete a staff survey on a yearly basis." Staff told us they could contact the registered manager or the deputy manager if they needed assistance. The registered manager had a good knowledge of people, their relatives and the staff team. We saw the registered manager spoke with people and their visitors and supported staff throughout the day in a responsive, friendly and supportive manner. The registered provider regularly visited the home to oversee how the service was being run.

There was an overt surveillance CCTV system fitted within the front door area of the home. The registered manager advised us it was primarily used to enhance the security and safety of premises and to protect the safety of people. The use of the system had been updated and reviewed in light of new surveillance guidance. We saw that people living at the home had been consulted about the continued use of the system.

The registered manager carried out effective audits and quality assurance monitoring to inform them of positive aspects of the home and identify areas for development. These were shared with the provider to ensure any shortfalls could be addressed. Checks on the environment, safety and people's medicines were evident. We saw that help and assistance was available from the deputy manager to continually check, monitor and review the service to ensure that good standards of care and support were being delivered.