

Maple Care Limited

The Maples Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 4th December 2018 and was unannounced.

The Maples is a Residential 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 Maples provides personal care and support for up to 28 people in one adapted building. There were 24 people living in the home at the time of the inspection.

There was a registered manager in post at the time of 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.'

At our last inspection, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating has not changed since our last inspection. However, some improvements were needed to the checks in place to ensure people were having good quality care and Well Led was rated as requires Improvement.

People who used the service felt safe. Risk assessments were undertaken and reviewed and staff knew how to manage risk to people effectively. Staffing levels were sufficient to meet people's needs and staff were recruited safely. Medicine was administered safely.

People's needs and choices were assessed. Staff were skilled and had the knowledge to deliver effective care. People were supported to maintain a healthy diet. People had access to consistent care and the support of other health professionals when needed. The home had been designed to meet people's different needs.

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.

People were supported by kind and caring staff who displayed empathy and compassion. Staff considered communication needs and supported people to express their views. People were supported to maintain their privacy and dignity.

People and their relatives were involved in people's care. People were supported to follow their interests and their preferences were understood. People and relatives understood how to make a complaint.

People and relatives told us that they found the management team open and approachable. The registered manager was aware of their legal responsibilities. The provider had systems in place to ensure they looked for continual improvement and worked in partnership with other professionals.

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 remains safe.

Is the service effective?

Good ●

The service has improved to Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

There was a positive culture at the home and the registered manager positively engaged with people, staff and other agencies. Audit checks were in place but were not always robust enough to identify concerns. The registered manager understood their legal responsibilities and there was a system in place for making improvements.

The Maples Residential Home

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 4th December 2018 and was unannounced.

The inspection team consisted of two inspectors 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

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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.

During the inspection, we spoke with nine people who used the service and four relatives. We also spoke with the registered manager, the deputy, the assistant manager, three seniors and two care assistants.

We reviewed the care records of two people and looked at three more to check things. We looked at three staff files, which included pre-employment checks and training records. We also looked at other records

relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 21st October 2015, we rated Safe as Good. At this inspection we found Safe continues to be rated as Good.

People using the service were safe. One person told us, "I feel safe, I think it's lovely, I'm quite content." Another person told us, "It's nice to feel watched and cared for – I feel most definitely safe." Staff knew how to recognise and report abuse and knew where to access safeguarding policies, which they put into practice confidently.

Systems were in place to maintain people's safety. For example, we saw a bar across the stairs and stair gates to prevent access and a coded door to a staircase on the corridor. Risk assessments were in place and staff were knowledgeable about risks to people and how to manage them safely. One person told us, "Staff make sure I don't walk without my walker and that I use the lift." A relative told us, "[Person's name] is looked after 100%, she is cared for, washed and turned regularly. She has hourly drinks for hydration and a soft textured diet." A staff member told us, "[Person's name] can shout out and be verbally aggressive. We know what the usual triggers are so we would offer a cup of tea, tell her she is at home and talk to her about her husband." Environmental risks had also been assessed to ensure people were safe in the event of an emergency. For example, fire evacuation procedures were on display, and equipment was accessible which staff were confident to use.

Staff understood how to keep people safe. We saw a member of staff assist a person safely with transferring from their wheelchair to a lounge chair. A staff member told us, "[Person's name] is hoist transferred and two people have to use the hoist. We make sure she is alert and aware what we are going to do. If [name] is overly sleepy, we don't use the hoist as long as she is safe." We saw a staff member ask a person where they were going and provide them with their stick so they could walk safely.

There were enough staff to meet people's needs. One person told us, "There is always someone here if I need help." Another person told us, "No matter what I want, all I need to do is ring my bell and they come." We saw staff were visible in each room and that administrative staff and domestic staff would step in if additional care support was required. Staff confirmed they thought there were sufficient staff to meet people's needs and people did not have to wait. One staff member told us, "Staffing levels are fine at the moment. People don't wait around for care."

People received support from safely recruited staff. The provider checked to ensure staff were safe and suitable to work in the home. We saw that Disclosure and Barring Service (DBS) checks were undertaken and gaps in employment history were checked prior to staff commencing employment. The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People received their medicines safely and as prescribed. The provider had effective systems in place to ensure medicines were stored safely, and administration was accurately recorded on MAR (medicine administration records). Staff spoke knowledgeably about these procedures and we observed staff

administering people's medicines safely and as prescribed .

People were protected from the risk of cross infection. We saw staff wearing protective aprons and gloves to serve meals and drinks. We saw that infection control procedures were displayed on the wall in the laundry areas and a food hygiene rating was displayed outside the kitchen.

The provider had effective systems in place to ensure lessons were learnt and improvements made when things went wrong. The registered manager showed us an audit had been carried out following one person contracting a bacterial infection. The audit led to the laundry sinks being replaced and elbow taps installed to minimise the risk of this happening again .

Is the service effective?

Our findings

At our last inspection on 21st October 2015, we rated Effective as Requires Improvement as mental capacity assessments had not been carried out for all people who required them. At this inspection, we found that there had been an improvement and Effective is now rated as Good.

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 had their capacity assessed for individual decisions where required and this was documented throughout the care plan. Staff demonstrated they understood the principles of the Mental Capacity Act 2005 and circumstances in which decisions may need to be made in a person's best interests. A staff member told us "[Person's name] sometimes doesn't want to get out of bed when the bed needs changing and we explain, in the most dignified way, why it is in their best interests to get out of bed."

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). 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. We found that appropriate referrals for DoLS authorisations had been made and the provider had taken steps to follow this up where the local authority had not yet responded.

People's needs were assessed and plans put in place to meet them. A pre-assessment was undertaken prior to people moving into the home to find out about health and wellbeing, preferences and life history and this was reviewed throughout admission. We saw that each person had a wellbeing log that included monitoring, for example of skin bundles, food, fluid and bowel movements. The skin bundle is an assessment tool used to help to reduce the risk of pressure ulcers. We found checks were recorded on a computer database. The technology was used to share information amongst staff and to identify any potential health concerns for people that required referrals to other health professionals.

People were supported by skilled staff who were knowledgeable about how to meet their needs. The registered manager told us staff completed the Care Certificate as part of the induction process. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Records showed staff had regular updates to their training and staff confirmed they were given opportunities for professional development. One member of staff told us, "I would miss the level of training if I left here."

Staff were supported in their role. One staff member told us, "We have monthly supervisions and talk about

a different topic each month like GDPR (General Data Protection Regulation) or what would we do in a certain situation." Records supported what we were told.

People had a choice of meals and were supported to maintain a balanced diet. One person said, "The food is lovely but it seems never ending." Another person referred to the meals as like "home cooked meals." We saw people were offered a choice of meals and drinks and staff spent time encouraging people to eat and offering alternatives. We saw staff gave people a choice about where to eat their meals. Drinks were readily available to people throughout the day. Staff understood people's dietary needs. One staff member told us, "Kitchen staff are aware of all of the dietary requirements and if anything changes, the registered manager will let them know and this will be on the handover." Another staff member told us that, "[name] is on a Speech and Language Therapy (SALT) assessed diet. [Person's name] has a pureed diet and has thickener in their drink." We found care plans included information on dietary needs and allergies and where needed people's weight was checked and appropriate referrals were made to health professionals.

People were supported to maintain their health and wellbeing. One relative told us, "[Person's name] has just been into hospital. The staff erred on the side of caution and she was taken to hospital." We found referrals were made to healthcare professionals to support people to receive ongoing healthcare support. We saw people had also been supported to access other healthcare support such as SALT and District Nurses. A doctor was visiting some people on the day of the inspection. Records showed referrals were undertaken promptly and the advice of health professionals was included in people's care plans and followed by staff.

People received consistent support. Staff were observed working as a team to support each other to meet people's needs. Staff told us senior staff gave a handover at the start and end of a shift and they also recorded information in a handover book. Staff also sent electronic messages on the computer system to share information about people which ensured staff are updated in a timely manner.

People's individual needs were considered in the design and decoration of the home. We found people had personalised name signs and illustrations on their doors to help with orientation. The home provided support to people with dementia and the decoration and design had taken this into account. For example, we found bold pictures such as for bathrooms and toilets were on display to help people with orientation and the use of contrasting colours for floors and doors. We found the home was decorated using different themes including signed photos of television and film stars, comics, World War II and boxing. The registered manager told us that these themes had been chosen to be inclusive to all people and to provide stimulation for conversation.

Is the service caring?

Our findings

At our last inspection on 21st October 2015, we rated Caring as Good. At this inspection, we found Caring continued to be Good.

People were supported by kind and caring staff. One person told us, "They are very good, very kind – I can ask them anything." Another person told us, "All of the staff are really nice, I've never met one yet who's naughty." We saw positive interactions between staff and people and people seemed to know who staff were. Staff showed empathy and compassion to people. We saw staff provide emotional support to one person who was anxious and upset through appropriate touch and reassurance. A staff member knelt next to the person and told them, "You should be proud of yourself" and suggested they look at photographs together. .

People had their communication needs assessed and plans in place to meet them. Staff used the information in the plans to guide them with communication. For example, one staff member was observed reading a letter from a friend to a person and then read it again as the person had difficulty with retaining the information. We saw the staff member talk to the person about the letter, asking who the people mentioned were and whether they had been to the places in the letter.

People were supported to express their views and were actively involved in decision making. The registered manager told us the home's ethos was about the people who lived there. We saw staff demonstrating this ethos and giving choice to people. One person told us, "I have had a lie in today – I get up when I want – I've just had breakfast." We saw the registered manager asking people if they would like music on and putting on music of people's choice. Staff recognised the importance of involving people in their care and support. We saw a staff member explaining to one person what they were doing when administering medicine and what it was for and another member of staff talk a person through getting up out of their chair.

People had their privacy and dignity maintained and were treated with respect. One person told us that, "The staff treat us with respect especially when you haven't been used to it." A relative told us, "Staff wait until (person's name) is ready to get dressed in the morning. They treat him with dignity and respect." Relatives informed us that they could visit at any time and there are no restrictions on visiting. We saw staff using people's preferred names to address them and observed staff knocking on people's doors before entering. We observed staff appropriately challenge an external health professional who was checking a person's legs in a communal dining area to ensure that their dignity and privacy was upheld by requesting the health professional take the person to a private area in the home. We saw that a married couple wished to share their bedroom to sleep in so their second bedroom had been set up as a living area to promote their privacy.

Is the service responsive?

Our findings

At our last inspection on 21 October 15 we rated Responsive as Good. At this inspection we found Responsive continued to be Good.

People received personalised care and support. We saw people and their relatives had contributed to their care plans. Care plans contained information which guided staff to provide personalised care to meet people's preferences and information to help them understand how to support people. For example, one person's care plan gave staff information about phrases the person used and what they meant and information about what type of things made the person laugh. Staff used this information to make sure people had personalised care that met their needs. One staff member told us, "If someone new is admitted, we find out a lot from friends and family. We go and talk to people and ask them about their history".

People's individuality was considered in the assessment and care planning process and staff understood what was important to people. We found where people had protected characteristics this was considered. For example, with people's culture, religion and relationships that were important to them. One staff member told us that as one person had different religious beliefs, "We give the choice of whether they wish to be involved in Christmas lunch, activities and presents."

People were supported to follow their interests. One person told us, "There's activities but I prefer to read my paper." Another person told us "We had a sing along yesterday and we were able to dance together, something we always used to do." We observed people being encouraged to engage in activities and their views being respected. Activities were undertaken by care staff and by an activity instructor. We saw a weekly activities planner on display that was reflective of the varied activities that took place on the day of the inspection. Photographs of people enjoying activities including birthday celebrations, craft and season and activities and the Royal Wedding were also displayed. We saw people enjoying a Jabadao class that was adapted for residents to enable them to join in whilst sitting down. Jabadao is a physical play activity.

People and their relatives told us they felt any concerns or complaints would be addressed. One relative told us, "The management were open minded and collaborative." There was a complaints procedure clearly displayed in the home and people and relatives were encouraged to provide feedback using the complaints/concerns forms clearly displayed in the entrance hall. Complaints and concerns could also be raised via a 'critical friend'. The Critical Friend is a relative of a person who uses the service who as part of their role is involved with carers meetings to gather feedback from relatives. We saw complaints and concerns had been recorded in line with the complaints policy and clear action plans were in place to address them.

There was nobody receiving end of life care at the time of the inspection. However, care plans considered people's future wishes and staff were able to confirm they understood how to support people when they came to the end of their life. One staff member told us, "Any changes would be written into the care plan and doctors would prescribe any end of life medicines and it would go into the safe until needed."

Is the service well-led?

Our findings

At our last inspection on 21 October 2015, we rated Well-Led as Good. At this inspection, we found improvements were needed to some aspects of the governance of the home and we rated Well-Led as Requires Improvement.

The provider had a system in place to check the quality of the service. However, these had not always identified concerns. We saw weekly medicine audits were undertaken, however we found that people did not have a protocol in place to guide staff on when and how to administer medicines that were prescribed on an 'as required' basis. Staff were able to describe when the medicines should be administered and the registered manager confirmed the protocol had been put in place prior to the inspection concluding. We found the checks on stock levels had not found where stock levels of medicines did not match the records held about stock levels. We found that this had not had an impact upon people but it meant that the correct medication stock was unknown and so the time of any missing or misadministration of 'as required' medicine could not be determined.

We also found the system in place to check people's care plans had not identified one person's care plan held information about another person. The registered manager confirmed this was an administrative error on investigation. The registered manager told us immediate changes had been made and they were undertaking comprehensive daily audits in order to identify areas for improvement. The registered manager also told us all management staff would be undergoing further auditing skills training in order to strengthen their auditing processes further. We will check this at our next inspection.

People who used the service knew the registered manager. A relative told us that the manager was "spot on". We observed that the registered manager was well supported by the assistant manager and deputy manager and that the management team had good knowledge of the people who lived at the home. The registered manager felt supported by the provider who visited the home regularly. The registered manager told us the ethos was important. We observed an open and person-centred culture in the home. The registered manager told us that they worked to ensure they only retained staff who demonstrated this ethos and this was evident from the staff we spoke with.

Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe. The registered manager was aware of their responsibilities in relation to making notifications to CQC and appropriate notifications had been made when required.

People, the public and staff were engaged and involved in making decisions to improve outcomes for people. People told us they received good quality care and the provider made improvements when they identified they were required. One relative told us the registered manager was "open and listened" and they were happy with how the home was managed. We saw meetings were held for people and their relatives monthly and feedback forms were provided for new events that had taken place. Staff told us that they were comfortable with approaching the registered manager with their concerns and they were very confident that

they would be addressed immediately. One staff member told us that if they had concerns, "I feel 100% able to approach the registered manager and I am confident something would be done." The staff member informed us they had approached the registered manager previously regarding staffing levels and the shifts were immediately changed so there was an additional member of staff available.

The provider worked in partnership with people who used the service. The registered manager told us using the 'critical friend' to speak with families had enabled them to get more feedback from relatives and had been a positive step. We also saw that the critical friend had designed an information pack for relatives to involve them and assist them with improving their knowledge as family carers. Staff told us that this had really helped family members to get information. The provider also sought opportunities to develop relationships with other health professionals and continually develop the service, for example through the use of technology in developing electronic care records.

A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate. The rating of the last inspection was on display at the service.