

Maypole Health Care Limited

Maypole Grove

Inspection report

20 Maypole Grove
Birmingham
West Midlands
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Maypole Grove is a care home providing personal and nursing care to 23 people, some of them living with dementia, at the time of our inspection. The service could support up to 30 people.

Maypole Grove is a purpose-built home and accommodates people across three separate units Bearwood, Hollywood and Ladywood. Each unit has separated adapted facilities and provides specialist support for people living with complex mental health and physical care needs. Each unit had its own communal area, a quiet room and a kitchenette. People's rooms had en-suite facilities.

People's experience of using this service and what we found

People and relatives felt the home was a safe environment for people to live in. Risks to people had been identified and there were enough staff to care and support people in a safe way. People received their medication as prescribed. The home environment was clean and maintained to a satisfactory standard. Incidents and accidents were monitored and measures were taken to mitigate future risk of harm.

People had their care and support needs assessed and were assisted by staff with the appropriate training. People's nutritional needs were being met. The service worked in partnership with a number of specialist agencies to ensure people received the support they needed.

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.

The management team were experienced and knew the service well, which had a positive impact on improving the service. The registered manager and staff were clear about their responsibilities. People's and relative's views about the service were sought. The registered manager and provider completed regular checks to ensure appropriate standards of quality and safety were being maintained.

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 requires improvement (published 30 October 2020).

Why we inspected

The inspection was prompted, in part, due to concerns received about the support and treatment of people living with a specific health condition. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We, therefore, did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern.

Please see the safe and well-led sections of this full report.

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

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maypole Grove on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our effective findings below.

Maypole Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised two inspectors and a Specialist Nursing Advisor with experience of working in this type of service.

Service and service type

Maypole Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information available through Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the operations director, registered manager, deputy manager, nurses and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one health professional.

Is the service safe?

Our findings

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

At the last inspection 02 September 2020 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management ; Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection, we had received concerns about some issues relating to people living with specific health conditions and how the service was supporting them. We did not find any evidence to support any further concerns at this inspection and were satisfied the registered manager had the appropriate measures in place to support people safely living with complex health needs.
- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place to guide staff on how to support people safely and were regularly updated.
- Regular checks of the home environment, including equipment, fire safety and water safety, were completed to ensure it was safe and complied with the relevant standards.
- The provider had systems in place to protect people from abuse and avoidable harm.
- People's body language, facial expressions and general demeanour indicated they felt safe with staff who were supporting them. One relative said, "[Person] has had falls but they [staff] are putting things in place and always discuss with me, as much as they can, ways to alleviate any problems, which are always dealt with it."
- Staff had completed safeguarding training and were aware of their responsibilities to keep people safe and report any concerns they might have.

Staffing and recruitment

- Concerns had been shared with us about the level of agency staff being used to work at the home. We discussed this with the registered manager who explained agency staff were used due to permanent staff vacancies. The registered manager tried to ensure the same agency staff were booked in advance for consistency of care. The service had recruited new staff and expected the number of agency hours would reduce. A relative told us, "In the past there was not enough staff, but must admit the amount and standard of the staff has greatly improved over the last three months."
- Our observations during the day, indicated there was enough staff on duty to meet people's identified needs.
- There were no issues identified with the provider's recruitment processes.
- Nursing staff had their registration numbers checked to ensure they were legally registered to work as a nurse.

Using medicines safely

- People's medicines were managed safely. The provider had systems in place to ensure people received their medicines as required.

- Systems were in place for the safe handling and storage of medicines. Staff had completed the necessary training and been assessed as competent to administer people's medicines safely. The nursing staff completed regular medicines audits. Where any shortfalls were identified, action was taken to make any necessary improvements.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were somewhat assured that the provider was using PPE effectively and safely.

Two staff were seen not wearing their face coverings. We were told this was to support someone with a hearing impairment to lip read. Following discussions with the registered manager, measures have been taken, post inspection, to introduce transparent face coverings for the staff.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems to manage accidents and incidents effectively. Staff took appropriate action when accidents or incidents occurred to ensure people were safe. These incidents were regularly reviewed by management team and action was taken if necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection on 10 March 2020 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the inspection on 10 March 2020 we found the use of best interest's decision making was not always applied to ensure that changes were the least restrictive that they could be. At this inspection there had been an improvement.

- We saw where it was appropriate for a mental capacity assessment to be completed, they were detailed, decision specific and made in people's best interests. Where possible people and their family members had been involved in the assessment process, or health and social care professionals had been involved.
- Appropriate DoLS applications had been made to the Local Authority.
- We heard staff seek people's consent before carrying out support. For example, one staff member asked a person if it was ok they went to help a colleague and would return in a couple of minutes. The person was heard to say yes and they were not in any rush.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments and care planning. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- Staff knew people well. People and their relatives told us they felt supported and looked after by the service. One relative told us, "[Person's] support has had to be tweaked (re-assessed) dependent on their illness. The home always deals with [person's] increased needs well."
- The service conducted reviews of people's needs to ensure the service continued to meet their individual requirements.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the management team. They told us they received supervision, had daily handovers and would not hesitate in approaching the registered manager if they had any concerns.
- One staff member said, "We've had a few managers over the years but [registered manager] has been here for a while now and it makes such a difference. We have some consistency back and it has got better."
- Staff had received training to ensure they had the right knowledge and skills to carry out their roles. Training was made up of a combination of e-learning and face-to-face training. Some staff told us they preferred more face to face training and less e-learning. We relayed this feedback to the registered manager. They told us it was the provider's intention to re-introduce more face to face training, e-learning had increased during COVID-19 restrictions.

Supporting people to eat and drink enough to maintain a balanced diet

- People's specific dietary requirements were being met. For example people at risk of choking had been referred to Speech and Language Therapist (SALT). People could choose where they wanted to eat and staff were available to support people at mealtimes. Food was provided in line with people's dietary needs. For example, some people required softened or pureed food.
- People were offered snacks and drinks throughout the day.
- People at risk of losing weight were being regularly reviewed and where appropriate were on food supplements to help increase their weight. Appropriate referrals had been made to agencies as required. For example, the dietician or GP.

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

- Care plans provided clear guidance for staff for all people's healthcare needs. Where people had a specific health condition, such as Huntington's Disease, there was additional information provided for staff to ensure they met their needs. A healthcare professional told us, "[Staff] are good at making contact with [named] team that is excellent and what I really like about [the home] they never give up on anyone."
- People were supported to access the healthcare they needed. People's health and wellbeing was monitored. For example, where people were at risk of developing pressure sores, their skin condition was consistently monitored by staff for any marks or redness to the skin.
- The management team held regular meetings with staff to make sure updates on people's support needs and any other important information was shared.

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

- The building had been designed to meet people's need with good access to communal areas, spaces for socialising and outside spaces.
- We saw people being able to choose to spend time alone or with others.
- Signs were in place to help people find their way around.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At the last inspection more time was needed to fully embed into practice, the changes to governance processes the management team had made. At this inspection, we found there had been embedded and sustained improvements, the management team had remained consistent and delivered a consistent approach to working practices.

At the last inspection, some improvement was required to the auditing of care plans. This was to ensure staff had the latest, consistent and up to date information to support people. At this inspection, we found the improvements had been made.

- The provider and registered manager understood their roles and regulatory responsibilities. The registered manager was responsible for the day to management of the home, with support from the deputy manager and senior staff including registered nurses. They completed regular audits of quality and safety which ensured appropriate standards of quality and safety were being maintained.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers and staff meetings. One staff member told us, "It has improved a lot with [registered manager]. Before we would be told how to do things one way and then when we got used to it, another manager would come in and change it all, it would get confusing." Another staff member said, "We can go to either of the managers, they are both very approachable."
- Nursing and care staff had raised with us the size and complexity of the care files because they found them to be 'large and bulky' and contained information that could be archived. We raised this issue with the visiting operations director as it was a reoccurring theme from the previous two inspections. We were told there were plans to reduce the size of care files, it had been identified as an issue and was currently with the provider's quality team to address. However, for the time being, the larger care files would have to remain in place until a more suitable replacement system could be introduced.
- The registered manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- The registered manager and staff included people as much as possible in decisions about their care.
- Staff knew people very well and told us how they aimed to provide people with personalised, high quality care and support. One staff member told us, "I love working here, I love the people, and we [staff] work well

as a team to do what we can to look after people well."

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 management team understood their responsibilities to inform relatives and other professionals of any concerns or incidents. Relatives told us they felt they were kept up to date with any significant changes for their family members.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home held monthly meetings with people and where possible, their relatives. We saw feedback was sought from people, relatives and staff members. Any action points were recorded and monitored to share how improvements had been made in response.
- Staff spoke positively about working at the service and the support provided by the management team.

Continuous learning and improving care

- The registered manager ensured any lessons learned from complaints or concerns were shared with staff.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of health and social care professionals. This helped to ensure people received the support, care and treatment they needed. These included social workers, GPs, consultants and community healthcare staff.