

Maypole Health Care Limited

Maypole Grove

Inspection report

20 Maypole Grove
Birmingham
West Midlands
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Maypole Grove is a residential care home providing personal and nursing care to 27 older and younger people, some of who were living with dementia and Huntington's disease. This service can support up to 30 people.

People were accommodated in one purpose-built building, separated into three units. The units were named Bearwood, Ladywood and Hollywood, after local areas. Each unit had its own communal areas including a kitchen with its own kitchenette, lounges and quiet areas as well as people's own rooms.

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

People felt safe from preventable harm. Some family members and staff were concerned about reliance on agency staff, but we found staffing levels were sufficient. Care files were large and staff found them difficult to use effectively but staff were aware of people's risks. Medicines were managed safely, some nursing staff needed competency checks. The home was clean.

Staff were not always sure who was subject to Deprivation of Liberty (DoLS) in accordance with the Mental Capacity Act (MCA) and what this meant for people. Staff received training to support them in their roles, but some staff raised concerns about their induction and training. Staff had not always been offered regular supervisions and had not had appraisals to gain oversight of what they needed to progress.

Since Maypole Grove opened three years ago there have been a number of different managers. A regional director had stepped in last year and a new manager was now in the process of registering as a manager with CQC. A clinical nurse lead had also recently been recruited. Most relatives and staff spoke highly of the new management team, who told us about a number of improvements that they are continuing to work on.

People were supported by caring staff. Although some relatives were concerned about the use of agency staff, they felt the established staff were very good. One person told us, "Staff are very kind and caring and offer good treatment." We saw people being offered choices about what they did and ate and being treated with dignity and respect.

Staff were knowledgeable about how to communicate well with people. We saw good examples of this during our visit. Activities were planned for the month and people's interests and likes had been considered. Some staff felt that more dementia friendly activities and more one to one activity would be beneficial.

Monitoring systems were in place to maintain oversight of safety, but issues had not always been responded to in a timely way. For example, fire doors were known to need repair, but this had not been done in a timely fashion, although the work had been scheduled for completion.

People were supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (7 November 2018)

Why we inspected

The inspection was prompted in part due to concerns received about high numbers of incidents between people living in Maypole Grove, concerns about staff conduct incidents and concerns about damage to fire doors. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well led sections of this full report.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

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.

Inspection team

The inspection team consisted of two inspectors and a specialist advisor with experience of nursing and dementia care.

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 who was in the process of registering with the Care Quality Commission. This means that currently the provider is 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 used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke to six people, five relatives, one visiting health professional and 17 staff including the regional director, the manager, the clinical nurse lead, one nurse, one trainee nurse, one trainee nurse associate, two team leads, two kitchen staff and seven care staff. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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, we sought updates regarding maintenance of the fire doors and spoke with an additional relative.

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

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe from preventable harm.
- The management team dealt with incidents at the service appropriately. They shared important information with the Care Quality Commission (CQC) and the local authority when required.
- Staff completed safeguarding training, they told us how they would identify possible abuse and how they would report any concerns. One staff member told us. "If I was concerned, I would go to the nurse on duty and if they couldn't help, I would speak to the clinical nurse or the manager."

Assessing risk, safety monitoring and management

- A variety of risk assessment tools were used to identify risks to people's health and wellbeing and the provider was in the process of downsizing these documents.
- Staff advised they kept up to date with changes for people at staff handover meetings and a nurse told us the key risks for people. However, staff also reported they did not have time to review care files and were still getting used to where to find relevant information. This posed a potential risk to people if updates to their care were not communicated.
- Emergency plans were in place to ensure people could be quickly and safely evacuated if needed. Staff had had fire safety training. Staff were not always clear of fire safety protocols at the service. They gave us conflicting feedback on the agreed fire assembly point at the home. We brought this to the attention of the managers who told us they would ensure staff clearly understood their fire safety protocols.
- A fire risk assessment completed by an external company had shown that damage to fire doors needed to be repaired within six months, whilst some had been repaired, some repairs were still outstanding. These repairs had been scheduled for completion.

Staffing and recruitment

- During our inspection we saw there were sufficient staff on duty to care for people in a timely way.
- People and their relatives had mixed views about staffing levels at the service. One relative told us, "There seems to be enough staff when I pull the buzzer, they do come", however another relative told us, "Weekends is not as pleasurable to come and I wonder about the agency staff how trained they are when they arrive, they sit around and don't make much effort."
- Staff told us about challenges with staffing at weekends. One staff member told us. "Some weekends it can be more difficult, but it is often about the skill mix of staff."

We discussed these concerns and were told Maypole Grove had several vacancies at the time of our inspection and the management team told us that recruiting new staff was one of their main priorities. They

also advised that where possible the same agency staff were being sought to ensure as much consistency as possible for people and that agency staff received an induction.

- The management team told us they had put a duty nurse system in place to ensure that weekend staff were supported. They advised that a suitable skill mix was planned for the rota, but that a small number of staff sickness at weekends was impacted upon plans. They gave assurance that this issue would be addressed with staff.
- The management team explained they planned to 'fast track' recruitment to try to develop and sustain a stable staff team so that there would be less reliance on agency staff.

Using medicines safely

- Staff responsible for administering people's medicines had not in all cases had competency checks. The clinical nurse lead assured us that plans were in place to complete medicines competency checks for all nursing staff.
- We saw that medicines were managed safely and were only administered by qualified nurses. Medicine record keeping was of a good standard. Appropriate arrangements were in place for management of controlled drugs. Suitable guidance was in place for 'as needed' medicines.
- People's medicines administration records (MAR) included details on how they preferred to take their medicines and noted any allergies.

Preventing and controlling infection

- The environment was clean with no unpleasant odours. Handwashing posters were on display and liquid soap, hand sanitising gel and paper towels were available.
- We observed staff regularly using hand sanitiser and protective equipment such as gloves and aprons to protect people from the risk of infections.
- At the time of the inspection the Covid-19 outbreak was in its early stages. The management team had taken suitable measures to limit the risk of viruses being brought into the home. All visitors had to complete a screening questionnaire to check for signs, symptoms and possible exposure risks, there were prompts for all visitors to sanitise their hands after signing in and an information board had been prepared to explain the key risks.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns and record safety incidents and near misses.
- Incidents were monitored by the management team to ensure effective oversight of people's health, well-being and safety.

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 this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff were not always able to tell us what DoLS meant for people or which of the people they were supporting were subject to restrictions under DoLS. This led to confusion about how to meet the conditions of people's DoLS most effectively. For example, we found inconsistencies on how staff supported a person with managing behaviours that may challenge. This meant the person was at increased risk of unsafe restraint due to staff confusion on the procedure around supporting this person. We brought this to the attention of the management team, they told us that this would be reviewed urgently.
- The use of best interest's decision making was not always applied to ensure that changes were the least restrictive that they could be. For example, a sensor mat had been used to monitor someone's movement, without considering the possible restriction to the person, by holding a best-interests meeting with the person, the family and other relevant health professionals. Following the inspection the provider ensured the appropriate processes under the MCA had been followed and recorded.
- Staff were aware of the need to seek consent. People's feedback and our observations confirmed this. One person told us. "Yes, they always ask permission."

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

- The management team acknowledged that the care files were too big, making it difficult to find specific information. We saw that they were in the process of downsizing the files to make them easier to use.
- People's care plans contained information about their specific physical and mental health needs. For

example, when a person had epilepsy, a care plan for this had been developed to help staff understand how best to support the person. Early signs and triggers were highlighted to support a person having a seizure safely.

Staff support: induction, training, skills and experience

- Staff were offered a variety of mandatory training which the vast majority had completed. In addition, specialist training in Huntington's disease had been provided and dementia training was scheduled to take place.
- Staff gave us mixed views about induction and training. Some people felt that their induction had enabled them to care for people effectively and some did not.
- A number of people living at Maypole Grove were living with dementia and Huntington's disease, some exhibited behaviours that may challenge others. Some staff told us that although they had had training to manage behaviours, they struggled to apply it to specific individuals they were supporting.
- Although relatives were concerned about how much time agency staff had to learn about people's needs, they felt that the permanent staff had the training and skills to support people well.
- Some staff told us that they were supported and encouraged to take opportunities to develop their professional skills. One staff member told us about a new career development and said, 'Exemplar have given me this opportunity.'
- Staff gave us a mix of experiences regarding supervision. Some said they had had supervision recently, but some said they had not had supervision since induction. A review of supervision matrix confirmed that some people had not had the six supervisions in a 12-month period which were company policy to offer. Staff also felt that group training on issues such as infection control were useful but did not feel that they were supervisions as the management team viewed them to be. The management team told us that they recognised that more regular supervision for staff was needed and assured that this was planned in the coming months.

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

- People gave mixed reports about the food at Maypole. One relative told us, "The food is plentiful."
- At mealtimes we observed that there were enough staff to support those who needed help to eat safely.
- Staff assured us that if people decided they didn't want what was being offered, other options were available, and we saw this during mealtimes. Kitchen staff sought ideas from people at meetings about what they might like to eat.
- People's dietary needs and preferences were recorded and reviewed regularly. It was not clear how people had participated in their preference reviews, although a list of preferences had been recorded by a staff member.
- People were provided with the nutritional support they required to attain and maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us and records also indicated that advice and support was sought from health professionals when needed, such as occupational therapists, dieticians, social workers, GPs and district nurses.
- Concerns were dealt with in a timely fashion. For example, staff were concerned about a person's weight loss and had taken quick action to seek support and advice about how to help this person.
- One professional told us, "I have no concerns here, they are very transparent even when I pop in unannounced."

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

- People told us that they liked their rooms, one person told us, "I love my room, it's lovely and spacious." Staff told us that the hallways and communal areas had recently been freshly painted and pictures had

been hung in the corridors.

- Maypole Grove was a custom-built home with wide corridors and doorways and handrails in hallways and toilets. It had step free access.
- People's rooms were labelled by pictures of their choice where possible. The bathroom was indicated in signage for a person whose first language was not English.
- Assistive technology and equipment, such as alarm mats, bed rails and hoists were provided to meet people's needs and ensure risk to their safety was minimised.

Supporting people to live healthier lives, access healthcare services and support

- People's care records confirmed they were given support to access healthcare professionals as needed, such as dentists, speech and language therapists and chiropodists.
- Relatives told us that if their loved ones were unwell, staff would act promptly to seek advice and help. One person told us. "They always ring me to tell me if anything has changed. [The clinical nurse lead] is very good."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives described a friendly and welcoming atmosphere at Maypole Grove. One family member told us, "It's very relaxed, I can come and make a coffee, they make us feel welcome and nothing is too much trouble."
- People were supported by staff who were kind and caring. One family member told us. "They have some good carers and they are very caring."
- During our inspection we saw people being supported with compassion. One person showed some signs of distress and the staff member immediately offered gentle reassurance and stroked the person's hair, they were visibly comforted by this gesture.
- Staff treated people equally, they recognised their individuality and were able to tell us about their life events and showed an interest in them.

Supporting people to express their views and be involved in making decisions about their care

- People were able to choose whether they wanted to be supported by male or female staff, we saw that their choice was respected.
- People were consulted by staff before care or support was given. During our inspection we saw staff trying to persuade a person to come and listen to singers who were entertaining people. They tried hard to convince the person and clearly considered that they would enjoy the entertainment but attended to the person's non verbal cues and respected their choice.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain and where possible, improve their independence. One person told us about how they are supported to take their own medication. They told us. "They bring it in to me when I need it, but I can take it myself."
- We saw staff speaking with people in a respectful manner, addressing people by their chosen name.
- We observed people being treated with dignity and respect. One staff member told us. "Dignity is respected to the utmost."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support needs were detailed in their care files and included records of their preferences and wishes. We spoke with the management team about involving people and their loved ones more in the development of their care plans. They gave assurance that they agreed with the importance of including people in their plans and reviews wherever possible and gave assurance that this would be done consistently.
- Regular reviews of care files were taking place. At the time of the inspection the management team were in the process of removing older information from files and changing the files to be simpler to use.
- Staff told us that they learned about people's needs by spending time with them, learning from other staff, attending staff handovers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- Staff showed that they were knowledgeable about how to communicate with people who had limited verbal communication abilities. During lunch we observed someone being supported to eat who wasn't wanting much food. The staff member was able to understand by body language, facial expressions and sounds that the person didn't want any more food and respected their wishes.
- The communal rooms were labelled to help people understand where they were.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some staff felt that people could benefit from more tailored to their needs, such as activity staff visiting some people in their rooms and more dementia friendly activities.
- During our inspection we saw many people enjoying the singers who had come to entertain them. Posters advertised upcoming events, an activity plan for the month was on display in reception and weekly activity plans were on each unit.
- Family members told us that birthdays were celebrated well, and that thought, and attention went into their planning. One person described an anniversary celebration, "Staff set up the room and decorated it and bought cards and presents out of their own money, they treat us like a member of the family."
- People's care files recorded what activities they enjoyed and how they liked to spend time.

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place with an easy read version on display for people to see. We looked at the complaints record, and this showed that recent complaints had been responded to in a timely and appropriate way in line with the policy of the service. Compliments to the management and staff teams had also been recorded.
- People and their family members told us they knew how to make a complaint and who they would speak to.

End of life care and support

- People's care plans included their wishes around their end of life care. The clinical nurse manager explained a new end of life care and planning approach that the service was in the process of implementing. This included training over the course of the next few months for staff interested in taking a lead in the role.
- At the time of our inspection no one at the service was receiving end of life care.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the time of the inspection the Regional Director, who had been acting as registered manager, had just stepped down from this role and a new manager had taken on the role of manager and was planning become a registered manager.

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

- Monitoring systems were in place to check quality and safety of the service, but where issues had been identified, they had not always been addressed in a timely fashion.
- Although there was a process in place to reduce the size and complexity of care files, audits had not highlighted some areas that were not sufficiently detailed or clear. A useful one-page summary had been designed to allow new staff to see what a person's key needs and wishes were very quickly. However, this had not been consistently updated to reflect changes to people's needs.
- The provider had systems and audits in place to ensure medicines were managed safely and people were protected from risks associated with their medicines. Although medicines were managed safely, nursing staff had not completed regular competency checks to make sure their knowledge and practice remained appropriate and safe.
- Supervision for staff was in place but not offered consistently.
- Staff were offered training to support them in their roles, including specialist training for people's individual needs. However, systems had not always identified gaps in staff knowledge around the Mental Capacity Act and what Deprivation of Liberty Safeguards meant for people. Some staff shared concerns about their knowledge of how to support people's individual needs.
- Observations of mealtimes had not identified ways in which the experience could be more pleasurable for people and be more effective for those living with dementia.

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

- Overall there was a positive and person-centred culture in the home. We saw staff delivering person centred care.
- Relatives and staff told us that the management team were approachable. One staff member told us. "[The manager] and [the clinical nurse lead] are both very approachable." Relatives were particularly complimentary to the clinical nurse lead. One family member told us. "The Manager always has the door open so I could pop in if I had a concern."
- The management team told us they had more work to do to improve the service to the standard they

wanted for people. They had started initiatives, such as dignity champions to support their plans and were refurbishing the activity hub to make it more suitable to people's needs.

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 that they felt that they were kept up to date with any significant changes for their loved ones.
- The management team has understood the need to notify CQC about important events that had occurred and had met their regulatory requirements.

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

- Regular meetings for people and their families to discuss any issues or concerns were held to seek people's opinions. A survey had also been completed in 2019 to seek the views of people living at Maypole Grove. Staff meetings were also being held to seek their views and help keep them updated.
- There were no restrictions on visiting times to enable families to come to see their loved ones whenever they could.

Continuous learning and improving care; working in partnership with others

- The management team had completed a number of detailed reviews of the service to identify what action was needed and develop new and effective ways of supporting people. Some changes had already been implemented such as 'take twenty' meetings, during which a member of the management team has a walk-through of the service. They then meet with key staff from each floor to communicate any key issues or concerns for the day. A meeting is held with a representative from each department to identify any key concerns for the day and make sure all staff are aware.
- The management team advised us further development was planned in areas such as further champions for different aspects of care and celebrating a specific individual each day.