Mrs Maria Mapletoft

The Maples

Inspection report

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Date of inspection visit:
08 August 2017

Date of publication:
24 August 2017

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 carried out this unannounced inspection of The Maples on 10 August 2017. We previously carried out a comprehensive inspection at The Maples on 12 October 2016. We found areas of practice that needed improvement. This was because we identified issues in respect to how the provider actioned areas of improvement identified via audits and feedback. The service received an overall rating of 'good' from the comprehensive inspection on 12 October 2016.

We undertook this unannounced comprehensive inspection in light of information of concerns that we had received, and to look at all aspects of the service and to check that the provider had made the required improvements. We found that the service was providing good care and that the improvements had been made. The overall rating for The Maples remains as 'good'.

The Maples is located in Peacehaven, East Sussex. It provides accommodation with personal care and support to 24 older people, some of whom were living with varying stages of dementia, along with healthcare needs such as diabetes and sensory impairment. On the day of our inspection, there were 20 people living at the service.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. Systems were now in place to record required actions and monitor their progress until completed.

The provider continued to have arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services. Accidents and incidents were recorded and analysed and people told us they felt the service was safe. People remained protected from the risk of abuse because staff understood how to identify and report it.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People felt staff were skilled to meet their needs and provide effective care. Additionally, people enjoyed taking part in meaningful and appropriate activities in the service.

People remained encouraged to express their views. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs continued to be met and they reported that they had a good choice of food and drink.

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team and this was observed throughout the inspection.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. People and staff found the management team approachable and professional.

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities.

Complaints were handled and responded to appropriately.

Is the service well-led?

Good

The service is now rated as Good

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

People and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

The Maples

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 10 August 2017 and was unannounced. The inspection team consisted of one inspector 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. The expert-by-experience for this inspection was an expert in care for older people.

We previously carried out a comprehensive inspection at The Maples on 12 October 2016. We found areas of practice that needed improvement. This was because we identified issues in respect to how the provider actioned areas of improvement identified via audits and feedback. The service received an overall rating of 'good' from the comprehensive inspection on 12 October 2016.

On this occasion, we did not ask the provider 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. We looked at other information we held about the service. This included details of recent safeguarding investigations held by the Local Authority in relation to incidents that had taken place at the service, previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining room. We spoke with seven people, three care staff, the activities co-ordinator, the cook and the registered manager. We spent time observing how people were cared for and their interactions with staff in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the

management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us the service was safe. One person told us, "When I push the button they come and help me". Another person said, "When I buzz, they come as soon as they can".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or adults. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff for the number of clients we have. We are also changing routines in light of feedback from staff". We were told agency staff were used occasionally and existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. A member of staff added, "I think we have enough staff, we could always do with more, but it's fine. We all help each other out".

People continued to receive their medicines safely. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. People did not express any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were individual PRN protocols to show why people had been prescribed these medicines however, most people were aware when they needed these. When PRN medicine were given this was recorded in the medicine administration record (MAR).

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, manage their skin integrity, and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

People said staff were skilled to meet their needs and continued to provide effective care. One person told us, "The girls are very good, they do my nails, it's so nice and the carers are very good. They help me". Another person said, "I was a carer myself, so I know how hard it is. They help me a lot".

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. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and community nurses. Access was also provided to more specialist services, such as chiropodists and speech and language therapists (SALT) if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The training plan and training files demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. One member of staff told us, "Since [Registered Manager] has been here, I feel appreciated and trusted. He encourages further training". Staff we spoke with all confirmed that they received regular supervision meetings throughout the year and said they felt very well supported by the management team. Staff had a planned annual appraisal. One member of staff told us, "Supervision is monthly and I find it useful".

People's nutritional needs were met. From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink was provided and people could have snacks at any time. Special diets were catered for, such as pureed. For breakfast, lunch and supper, people

were provided with options of what they would like to eat. The cook confirmed that there were no restrictions on the amount or type of food they could order. We observed lunch and saw that it was an enjoyable and sociable occasion. People enjoyed their meals and snacks throughout the inspection. One person told us, "You have a choice. Anything you want really, lots of choice". Another person said, "You have a choice, roast or omelette".

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual.

Good

Is the service caring?

Our findings

People felt staff were consistently kind and caring. One person told us, "It's very nice, the staff are nice". Another person said, "The staff are like family".

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of the staff team, which was observed throughout the inspection. One person told us, "I think they're great [staff]". Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us, "The staff are happy and the residents are happy too".

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One person told us, "Freedom. I like that, I can go where I like". Another person said, "I can go downstairs, but I prefer it up here in my room". A member of staff added, "We always give people choices. Do they want tea or coffee, or biscuits or cake. I hold up people's clothes, so they can choose what to wear, and we ask them where they want to spend their day".

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space. A member of staff told us, "When washing someone, I always cover them with a towel and wait outside the room if they want me to. Just what you would want yourself".

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "I encourage mobility, feeding themselves, doing their hair, putting their shoes on. Even just the little things help". People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things for themselves.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "Oh, I can tell anybody and they will sort it out".

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which recorded the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Nobody we spoke with living at the service could recall being involved in developing their care plans. However, paperwork confirmed that they or their relatives had been involved in the formation of the initial care plans. We saw further evidence that people and their relatives were subsequently asked if they would like to be involved in any care plan reviews.

The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. For example, one care plan told staff that a person wished to have a specific soft toy to hand. Another care plan explained how a person enjoyed talking about their family. A further care plan stated that the person had formed a close relationship with another person at the service. Therefore, staff were instructed to promote this contact. Care plans were reviewed regularly and updated as and when required.

The provision of meaningful and appropriate activities remained good and staff undertook activities with people. Activities on offer included singing, films, arts and crafts, chair Tai Chi, quizzes and themed events, such as reminiscence sessions and visits from external entertainers. One person told us, "I don't do a lot of activities here, but that is my choice, I like doing crosswords in my room and listening to operatic music, I have lots of tapes". Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people being entertained by a professional singer. People were clearly enjoying the activity and were singing along with staff. The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff set aside time to sit with people on a one to one basis. One person told us, "So far I have nothing to be unhappy about. I can have company when I want it. I can get downstairs on my own, but I like being on my own sometimes". The service also supported people to maintain their hobbies and interests, for example some people had an interest in watching sport and staff ensured they made people aware of sporting events that were being shown on television.

People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response.

Good

Is the service well-led?

Our findings

At the last inspection on 12 October 2016, we found areas of practice that needed improvement. This was because we identified issues in respect to the provider not having adequate systems to ensure that areas of improvement identified via audits and feedback were routinely actioned and implemented.

We saw at this inspection, that improvements had been made. Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring, questionnaires and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The registered manager told us actions arising from meetings with people and staff were consistently recorded and monitored until they were completed. Furthermore, they told us that an in-depth quality assurance audit was routinely carried out to identify areas of improvement at the service. An action plan was developed and the progress of these actions was monitored. We saw documentation which supported this, and were given examples whereby the service had acted on feedback. For example, in light of feedback from people and their relatives, the garden had been landscaped and a barbeque and fete had been planned. Additionally, from feedback from visiting health professionals, robust systems of monitoring people's skin integrity had been developed and implemented.

Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

People looked happy and relaxed throughout our time in the service. People and staff they were happy with the way service was managed and thought the culture of the service was also one of a homely, relaxed and caring environment. One person told us, "I can highly recommend this place to anyone, you couldn't do any better". Staff all told us that the management team were approachable and professional. When asked why the service was well led, one member of staff told us, "[Registered Manager] is lovely. Hs door is always open and we can just go in. He's pretty approachable". Another member of staff said, "I'm very supported by [Registered Manager]. If you raise a concern, he sorts it out".

The registered manager showed enthusiasm for the service, and a good knowledge of the people who lived there. They told us, "This home looks after people to the level that they want. We don't treat everybody the same, we give people what they need. We treat people like family". A member of staff added, "I think this home gives people independence and a good life. They are all happy here, we get no bad feedback. They enjoy their life and are safe".

There were open and transparent methods of communication within the service. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "We talk about what has happened on the previous shift, any changes to people and who needs

turning and when". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We all get on well and support each other".

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff, and the registered manager received updates from the CQC and relevant national trade groups. We saw that the service also liaised with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff, for example around the care of people with pressure damage.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.