

Maypole Health Care Limited

Maypole Grove

Inspection report

20 Maypole Grove
Birmingham
West Midlands
B14 4LP

Tel: 01214303094

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02 September 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Maypole Grove is a care home providing personal and nursing care to for up to 30 younger and older people. At the time of the inspection there were 27 people living at the home.

Maypole Grove is an adapted, purpose-built building accommodating people across three separate units, Hollywood, Ladywood and Bearwood. The home cares for people with complex medical needs, people living with dementia and Huntington's disease. 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

Relatives and professionals we spoke with felt people living at the home were safe and gave us positive feedback. One relative said, "I would never be able to thank the carers enough for what they have done. Some carers have gone the extra mile and beyond." Another relative told us, "Communication is very good. They [staff] treat [person] as a person and started to trust staff from day one. They [staff] not only engage but involve [person] with their care."

People were supported by staff who were deployed in sufficient numbers to meet their needs. Staff were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns. One staff member said, "The managers are quick to respond, hot on safeguarding."

Risks to people were assessed and people's independence was promoted where practicably possible. Medicines were administered safely by trained and competent staff although some improvement was required to the recording of liquid medication. Infection control procedures were in place. Processes were in place to analyse incidents and learn from when things went wrong.

The home had improved since the last inspection. The management team told us they had worked hard to address the issues from the last inspection. A governance framework was in place which covered all aspects of the service and the care delivered. Numerous quality assurance audits were in place although, there was further room for some improvement and the constant change in managers and the management team meant more time was required to embed the new and improved working practices.

The home worked in partnership with other professionals and the community when able to do so. Relatives we spoke with felt engaged with the home during COVID. We saw no evidence people's needs were not being met.

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 05 September 2020).

Why we inspected

We received concerns in relation to the staff training and the working practices applied to take care of people when they demonstrated behaviours that challenged. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. We have made a recommendation about the input from mental health professionals.

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 have found evidence that the provider needs to make some improvements. Please see the Well-led section of this full report.

The overall rating for the service has not changed.

The provider has continued to implement changes to quality assurance processes to make the required improvements.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led 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.

Inspection team

The inspection was carried out by three inspectors and one specialist advisor with specialisms in brain injury and neurological conditions, pressure care and dementia care. Two inspectors and the specialist advisor visited the home on 02 September 2020, whilst the third inspector undertook telephone calls to staff, relatives and health care professionals on the 01 and 02 September 2020.

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.

Notice of inspection

We gave a short notice period of the inspection because of the risks associated with Covid-19. We wanted to be sure that no-one at the home was displaying any symptoms of the virus. This meant that we could discuss how to ensure everyone remained safe during the inspection.

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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We did not ask for a provider information return. 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 asked the registered manager to send some records for us to review. This included a variety of policies and documentation relating to the management of the service, infection control and Covid-19.

We carried out telephone interviews with three staff members and two relatives on 01 September 2020.

We used all of this information to plan our inspection.

During the inspection

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. We spent a short time walking around the communal areas of the home, this allowed us to safely observe staff interactions with people as well as observe infection prevention control measures. Telephone calls were made to two staff members, one relative and two healthcare professionals. We also spoke with five staff including care and nursing staff and members of the management team whilst on site at the home.

We reviewed a range of records. This included sampling eight people's care records and risk assessments, three medication records and protocols and two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the quality assurance and management of the service, including policies and procedures, audits and accident and incident records.

After the inspection

We spoke with one additional relative. We also continued to seek clarification from the management team to validate evidence found. This included further training information. Updates from the registered manager in relation to Personal Protective Equipment (PPE) systems in response to Covid-19 and training implemented following the inspection.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Prior to this inspection we had received information staff had not been given appropriate training to support them with managing people's behaviours when people had become upset or anxious. Information had also been shared with us alleging there had been an increase in the use of restraint which, without the appropriate training, had the potential to cause harm to both staff and people.
- Appropriate training had been provided with a continuous training programme in place. The staff spoken with gave clear examples how they used their training in practice. One staff member said, "I have completed [restraint] training. I have only used my training once. I felt confident. We planned it out. They [the provider] have now changed the training. There is not a lot of restraint used."
- One staff member told us they had not received training. However, on reviewing training records, we found this not to be the case. The management team explained there had been a change in training programmes and this may be why there was a perception by some staff they had not received the appropriate training. The management team also explained the provider would introduce weekly, hourly surgeries giving staff an opportunity to speak with the provider's specialist team and ask questions about the use and application of the positive behaviour support training.
- We reviewed the incidents of behaviour and found following an incident a behaviour form was completed. This included information about what had happened, how the staff had supported the person and if any strategies had been used. Feedback from relatives spoken with had been positive and complimentary about the attitudes and behaviours of staff.
- One person had previously been identified at risk of self harm on admission to the home. The provider had taken precautions to mitigate this risk at that time. We saw the risk assessment for self-harm had not been regularly updated. The provider explained the person had not displayed any behaviours identified with self-harming for a number of years and told us the person no longer posed a risk to themselves. Post inspection, we have been informed there will be a review completed by the person's mental health team to re-assess the person to establish if they pose a risk to themselves.
- We were told by health professionals the advice given to staff was used to ensure the safety and wellbeing of people was maintained. One professional told us, "I was impressed at how person centred the staff were, good observations around their clients, knew their triggers and behaviours."
- At the last inspection we found a fire risk assessment completed by an external company had shown damage to fire doors should have been repaired within six months but some repairs had remained outstanding. At this inspection we found all the repairs had been completed and fire doors replaced to meet safety standards.
- At the last inspection staff had not always been clear of fire safety protocols at the home. At this inspection the management team had worked hard with staff to improve this through regular fire drills and monitoring. On the day of inspection there had been a (false) fire alarm activation and we saw staff had acted promptly

and in line with the provider's processes.

- Staff understood the needs of the people they supported. They told us how they managed risk to keep people safe. For example, people being cared for in bed were regularly repositioned to avoid damage to their skin.

Preventing and controlling infection

- Staff completed training on infection prevention control and safe working practices during the COVID-19 Pandemic. The provider had ensured fresh masks were always available for staff to replace when they re-entered the building prior to the inspection. However, we had seen care staff exiting the home for breaks wearing their facemasks and re-entering the home wearing the same masks. This was brought to the attention of the registered manager and it was immediately addressed with the staff concerned.
- Staff worked hard to maintain cleaning standards in the service. The environment was clean and well maintained. There were no unpleasant odours.
- The provider had developed a COVID 19 process. Key information was recorded on a daily basis such as temperature readings, staffing levels and PPE supplies. This enabled the management team to have a good oversight of the current situation at the service and staff told us there was enough PPE in stock.

Systems and processes to safeguard people from the risk of abuse

- Relatives and professionals spoken with told us they felt people were safe living at the home. One relative told us, "They have kept [person] safe for which I am extremely grateful."
- Staff spoken with were able to explain how they would safeguard people from the risk of abuse and knew who and how to report any suspicions of abuse.
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately.
- The provider had appropriate systems in place to safeguard people and mitigate the risk of abuse.

Staffing and recruitment

- Staff recruitment files included all relevant information. New staff were checked to make sure they were suitable to work at the service. This included obtaining references, checking identification and criminal records checks with the Disclosure and Barring Service (DBS).
- We were told by staff spoken with there were sufficient numbers on duty to meet people's needs.
- At the last inspection relatives had expressed their concerns about the number of agency care and nursing staff being used. At this inspection we found the use of agency staff had been reduced because the provider had recruited additional care and nursing staff.
- We saw people were supported and responded positively to staff. One staff member told us, "It is awesome working with the people here. The residents are wonderful. I love working here."

Using medicines safely

- Medicine records we checked showed people had received their prescribed medicines.
- We found medicine administration records (MAR) had been completed and guidance was in place for people who had been prescribed 'as required' (PRN) medicines, such as pain relief and medicines prescribed for agitation.
- Regular medicines stock checks and medicine audits were completed. Where shortfalls were found, any actions taken had been recorded and fed back to staff, for example any gaps in MAR charts.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the management team. A summary of all accidents and incidents were used to identify for trends and ensure action was taken to mitigate the risk of

reoccurrence.

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 remained the same. We could not improve the rating for Well-Led from requires improvement because to do so requires consistent good practice over time. This meant the service management and leadership had been inconsistent and had not always provided a stable approach to the monitoring and management of the service. We will check this during our next planned comprehensive inspection.

At our last inspection the provider failed to have effective systems and processes to assess and monitor the quality of the services provided and ensure records remained accurate, complete and were kept under continual review.

At this inspection we found there had been improvements made. Although, more time was needed to fully embed the changes made into practice and ensure consistency in leadership with a stable management team in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had ensured staff were trained in the use of personal protective equipment (PPE), and the current government guidelines to mitigate the risk of Covid-19 infection in the home. There was a quality assurance system in place and this included a number of audits and checks. However, these measures had not identified that current government guidance and the provider's own Covid-19 policy was not being followed where staff were at risk of airborne transmitted droplets when providing personal care to some people in their bedrooms.
- The processes in place to monitor and audit medication had not included the monitoring of liquid medication. We found one bottle of paracetamol where approximately 185ml was unaccounted for. We were told this could be due to spillage. However, this had not been recorded on the medication administration record in line with the provider's medication policy.
- There were two similar forms in use to monitor people's fluid intake' one for people that required thickeners added to their fluids and one for people who did not. One form did not contain a target amount of fluid for the day. This meant there had been an inconsistent approach to recording some people's fluid intake and the amounts being totalled were not always reflective of what people had drank.
- The registered manager took reactive action once these issues were brought to their attention. For example, post inspection the target amount of fluid intake for the day was added to the form to promote consistency.
- The current registered manager was first appointed by the provider in November 2019 and was registered with CQC in July 2020. During this short time, they and the new management team had implemented positive changes to improve the day to day running of the home. This included new care and risk

management documentation, an increase in the number of completed staff supervisions and systems to assess and monitor the day to day running of the home. One relative told us, "Managers were a problem in the beginning, by year two of the home being opened we had had about 13 managers. [Manager] was the longest serving manager and had started to get things on track. [Registered manager] has come in and has been able to establish themselves since [manager] left."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives we spoke with were positive about the new management team. One relative told us, "I phoned [registered manager] when [person] had a down time and thought everyone hated them. It was their perception not reality. [Registered manager] went up that afternoon to talk to them and did it in a way that it was off the cuff and hadn't come from me. It made [person] feel valued."
- We saw there had been regular contact made with relatives during the pandemic through emails and newsletters.
- Staff spoken with told us they felt valued by the management team. One staff member told us, "The [registered] manager seems to be very fair and approachable. I am quite comfortable with them. Door is always open not like previous managers."

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; Working in partnership with others

- The registered manager was aware of the statutory Duty of Candour, which was their legal responsibility to be open and honest with people when something goes wrong. There was a clear process in place which demonstrated how the service responded to incidents and concerns in line with their legal obligations.
- The home worked in partnership with other agencies and organisations such as, health and social care professionals, GPs and the local authority to access help and support when needed.
- The registered manager explained how links with the local schools had been developed and improved during the pandemic with letter exchanges between the children and people living at the home.