

Rosedale Care Services (Yorkshire) Limited

Maple Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Maple Court Scarborough is a residential care home providing the regulated activity of personal care for up to 64 people. The service provides support to older people and people with dementia. At the time of our inspection there were 48 people using the service.

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

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.

Risks to people's health, safety and wellbeing had been assessed and recorded. Staff understood what actions were required to help keep people safe. People told us they felt safe at the home and with the staff who supported them. Staff had received training in safeguarding and felt confident in the processes in place to report any concerns.

The service was a modern build with a safe, homely environment. Risk assessments were used to keep staff and visitors safe and promoted good access to internal and external communal areas.

Where people required support to take their medicines these were managed and administered safely, with regular checks completed. We were assured by the measures taken to help ensure the prevention and control of infection. Where areas of the home required maintenance, actions were swiftly implemented to maintain standards. For example, to maintain a clean and pleasant environment.

Staff responded promptly and were attentive to people's needs. The registered manager monitored staff deployment and ensured enough staff were always on duty. Ongoing recruitment meant there was a reduction on the reliance of agency staff which improved people's experiences. Processes in place ensured only suitable staff were safely recruited into their roles.

People were supported by caring, friendly staff who knew their needs well. Staff received required training and checks to ensure they followed best practice guidance. People told us staff were skilled in their roles and supported them to maintain their independence wherever possible.

People received an initial assessment of their needs. Care records included up to date information which was being further improved to evidence people's involvement with their care, support, and regular reviews. Care provided was personalised and supported people's preferences and wishes. Information was provided in an accessible format which helped people to communicate and understand their support.

People's health needs were being met. The service worked closely with other health professionals and external agencies to support them with their health and wellbeing. A health professional told us the service

was a flag ship in the development of integrated care in responding to people's ever-changing needs.

People and staff spoke positively about the management of the service and their openness to feedback. The management team was proactively supported by resources at provider level and was approachable, maintained regular communication, and listened to the views of others.

A range of audits and checks were completed to maintain and where required, implement any required improvements.

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 (published 9 December 2022).

At our last inspection we recommended that <provide a high level plain English summary of any recommendations>. At this inspection we found <briefly summarise if the provider had acted on any recommendations and whether they had made improvements>.

Why we inspected

The inspection was prompted in part due to a notification to the CQC of an incident associated with an allegation of abuse. The incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risks to keep people safe from avoidable harm and abuse. This inspection examined those risks.

We undertook a focused inspection to review the key questions of safe, responsive, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. The provider had taken action to mitigate the risks, and this had been effective.

The overall rating for the service has remained good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Maple Court

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 Health and Social Care Act 2008.

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

This inspection was completed by 1 inspector.

Service and service type

Maple Court Scarborough is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maple Court Scarborough is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 1 relative about their experience of the care provided. We spoke with 2 visiting health professionals and with 9 members of staff including care staff, the managing director, registered manager, chef, maintenance person, domestic lead and 2 visiting service quality leads. We reviewed a range of records. This included 3 care plans, 3 staff files and records relating to the management of the service. We observed the medicines administration and management process including associated record keeping.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person said, "I do [feel safe], if I had any concerns I would speak with one of the staff or the manager.
- Staff understood how to keep people safe. Systems and processes supported staff to raise any concerns or incidents; to ensure people remained free from avoidable harm and abuse.
- Robust processes were in place to record, manage and investigate any incidents. Outcomes were used to improve practice both at the service and at other partner organisations as part of lessons learnt to help keep everyone safe.

Assessing risk, safety monitoring and management

- People received detailed recorded assessments of their needs. Information to keep people safe was in place and reviewed for effectiveness for staff to follow to provide safe care and support.
- Risk assessments and checks ensured the home environment, and any required equipment was safe.
- The service had regular support and input at provider level to ensure any required service improvements were implemented safely and quickly.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Staff voiced their concerns around the number of staff on duty to safely meet people's needs all of the time. However, the provider held detailed dependency tools which indicated safe staffing requirements, and this was provided above that recommendation.
- Contingency plans were in place to ensure enough staff were on duty at all times. This included the use of regular agency staff who people knew providing consistency of care and support.

- A range of pre-employment checks were completed to ensure suitable staff were safely employed. This included Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where people received support with their medicines this was carried out safely by trained staff who followed good administration processes.
- People received regular checks from visiting health professionals to ensure their medicines remained suitable and required.
- Where people were prescribed medicines on a 'when required' basis, for example pain relief, protocols ensured these were administered safely following manufacturers guidance.

Preventing and controlling infection

- 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 preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People received unrestricted visiting from friends, relatives, and health professionals in line with government guidance. A relative said, "It's much easier to visit now and I know [name] is in good hands since moving here."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that reflected their needs and preferences.
- Care plans provided staff with personal background information about people. For example, their likes and dislikes, health, and care needs and how they would like to be supported.
- People were involved in planning and reviewing their care. Records were being updated to capture people's input. For example, during reviews to ensure care remained person centred and clearly evidenced how the service had considered people's wishes and preferences.
- Where people were not able to plan areas of their own care, decisions were made in their best interest by people who clearly understood their needs.

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

- Daily activities were coordinated by staff employed by the service who supported people to enjoy interests of their choosing both individually and in groups. A relative said, "They do all sorts of things, the residents can be involved as much or as little as they want to."
- The provider ensured any religious preferences were recorded and supported to ensure everyone continued to follow their faith. A staff member said, "We have good links with the church which is just across the road, and we hold our own religious based services where people can enjoy a Sunday sing-along."
- Where people choose to remain in their rooms, they were assured of staff support and visits from friends and families to ensure they remained stimulated and to avoid social isolation. One person said, "I like my own company, I have everything I need here in my room. My son visits regularly, I couldn't wish for anything more."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and clearly recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes. This included records of their needs with regards to hearing, sight, and speech. A staff member said, "We understand people quite well, spending time with them on a daily basis helps us to understand their moods, how they are feeling, and if, for example,

they are in any pain. We have input from other health professionals if needed and access to good records if we need to check anything."

- Information was made available in various formats. For example, notice boards included easy read information on a range of health conditions and health terminology which was accessible to everyone who needed it.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place ensured any concerns were addressed without unnecessary delay.
- People told us they understood how to raise any complaints. They told us they rarely had cause to complain but that any concerns were appropriately responded to.
- Feedback, including concerns and complaints was welcomed by the service and where appropriate outcomes were used to help improve the service for people. For example, records confirmed feedback from health professionals had influenced how care was delivered which helped to improve people's outcomes.

End of life care and support

- Records included information to ensure people received end of life care and support according to their wishes and preferences.
- Any advanced care and support decisions made by people was recorded. This included information for staff to follow to ensure people received their chosen level of medical support at the right time, to remain pain free during end stages of life.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 our last inspection there was not a registered manager in post. Where services do not have a registered manager in place, they cannot be rated higher than requires improvement in the well-led domain. At this inspection the provider had made improvements. A new manager had been recruited and was registered with the CQC.
- The manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Audits and performance checks were used to manage the service. Provider level oversight helped to ensure standards were maintained and helped to identify areas for improvement.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Working in partnership with others

- People felt confident that the service would act if they suggested an area for improving care and support. A relative said, "[Name] doesn't hesitate to speak up, the manager is responsive and after all it is their home here. It needs to be right for people and staff here do a good job."
- The service had very good partnership links with stakeholders including other health professionals. For example, weekly meetings were held at the service with attendees from a variety of health professions which included liaison and district nurses, GP's, occupational health, mental health specialists and safeguarding teams and other care specialists. People had access to these professionals working together to provide integrated care services to support them holistically.
- Where required people were provided with guidance and support to review and maintain their health and wellbeing.
- People told us the service was managed well with caring staff.
- Staff told us senior staff were approachable which resulted in good communication and support for the benefit of people receiving a service.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- The manager and staff understood the need to be clear and record incidents in a way that they could be

easily investigated and responded to.

- The provider understood the importance of duty of candour. Processes ensured where apologies were required when things went wrong they were completed and recorded.
- People and staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events.

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

- People were given the opportunity to feed back on the service they received and told us the senior staff including the manager were approachable.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care.
- Thorough pre-assessments of people's need ensured care was planned to meet any personal characteristics and preferences.
- Regular staff and resident meetings provided individuals with the opportunity to contribute their views to help the service improve.