HC-One Limited

# Maple Court Nursing Home

**Inspection report**

Rotherwood Drive
Rowley Park
Stafford
ST17 9AF
Tel: 01785245556
Website: www.hc-one.co.uk

Date of inspection visit: 8 January 2015
Date of publication: 20/03/2015

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

The inspection took place 8 January 2015 and was unannounced.

At our previous inspection 17 June 2014 we asked the provider to make improvements. These were in relation to the care and welfare of people, assessing and monitoring the quality of service provision, safeguarding people from abuse, management of medicines, consent to care and treatment and staffing.

Maple Court Nursing Home provides nursing care and accommodation for up to 80 people. At the time of this inspection 55 people were living at the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found improvements in all areas. There is room for further improvement in relation to ensuring the home followed and acted in accordance with the principles of the Mental Capacity Act 2008 (MCA).

# Summary of findings

There was conflicting information in recording people's capacity to make choices and decisions. The provider and manager have made arrangements for the improvements to be made.

There were sufficient numbers of staff to meet people's needs. Recruitment for nursing staff was on-going. Staff received training that provided them with the knowledge and skills to meet people's needs.

People's medicines were stored, administered and managed safely.

People told us they felt safe and comfortable living at the home. Assessments were completed when people were identified as being at risk of harm.

People told us they enjoyed the food, had plenty to eat and drink and lots of choice. Where people needed help with eating, we saw staff provided the level of support that each individual required.

People were supported to see a health care professional when they became unwell or their needs changed. People told us the staff were kind and caring. We saw staff were thoughtful and considerate when interacting with people.

People had a plan of their care which informed staff of the person's individual likes, dislikes and preferences. Not all plans had been kept up to date; staff told us that they were working towards a review of all care documentation.

There was a wide range of leisure and recreational activities available for people to enjoy. These were either group based or on a one to one basis.

The home had a complaint procedure; we received mixed views from people regarding their experiences of using this procedure. Complaints received were acknowledged and responded to within the timeframes of the procedure.

Meetings were arranged at regular intervals which gave people the opportunity to discuss their experiences and make suggestions for improvements.

Staff told us they felt well supported by the management team and there were clear lines of accountability. Arrangements were in place to check the safety and quality of the home with improvements made when necessary.

# Summary of findings

## 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 safe. Staff were aware of the actions they needed to take to protect people from harm.

There were sufficient staff to meet people's needs; recruitment processes within good practice guidelines were being followed.

The provider managed people's medication safely.

**Good**

**Is the service effective?**
The service was not consistently effective. Conflicting information was recorded in relation to people's capacity to make choices and decisions.

People's nutritional needs were met.

People had access to a range of health and social care professionals.

**Requires Improvement**

**Is the service caring?**
The service was caring. People told us the staff were caring, kind, patient and compassionate.

People's privacy was respected and their dignity upheld.

**Good**

**Is the service responsive?**
The service was responsive. Recreational activities were arranged for people to enjoy either on a one to one basis or in a group.

Whenever possible people were involved with the planning of their care. When this was not possible, where appropriate, people's representatives were involved.

There was a complaints procedure and people were regularly asked their views on the service.

**Good**

**Is the service well-led?**
The service was well led. The home had a registered manager. Meetings with the manager were arranged on a regular basis, which gave people the opportunity to discuss any issues or concerns they may have.

Staff said they felt well supported by the manager.

Checks were carried out at regular intervals to monitor the quality and safety of the home.

**Good**

# Maple Court Nursing Home

**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 was 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 8 January 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor who was a registered occupational therapist 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.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the Health Protection Agency and the Local Authority commissioning department.

We spoke with 22 people who lived at the home, the registered manager, four nurses, 10 staff, and three relatives. Some people living at the home were unable to speak with us, so we spent time in the units and observed the interactions between people. We looked at 13 care and support plans, staff rotas, recruitment, training, medication records and quality monitoring audits the provider had in place.

Good

# Is the service safe?

## Our findings

At our previous inspection in November 2014 we found that the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) 2010, Staffing. We found there were not enough qualified, skilled and experienced staff to meet people's needs. We told the provider that they must ensure staffing levels were sufficient to meet the needs of people.

The manager told us that they had recently recruited a number of registered nurses; they were due to start work shortly. Agency nurses had been used to fill the gaps in the nursing rota. We spoke with two agency nurses who worked at the home on a regular basis. They demonstrated detailed knowledge of people's needs, their diagnosed conditions and offered support to people in a compassionate and competent way. Care staff told us the nurses were supportive and helped them. We saw the nurses were busy throughout the day administering medicines, dealing with clinical matters and ensuring people's needs were being met.

One person who lived at the home told us: "Sometimes I have to wait for staff to come to me, I don't really mind and realise there are a lot of people who need help. The staff are very busy". We observed a person requested support to help get out of bed. A carer responded and went to the person and said: "I'll come and get you up in a second", they left but returned within five minutes to support the person. The call bells were answered promptly; there were only a few occasions when there was a short delay.

Care staff stated they felt there were enough staff on duty. They told us about the recent deployment of catering staff. A 'host' on each unit had been appointed to serve drinks and manage mealtimes. Staff told us this had made a significant difference in releasing them to spend time attending to people's personal care needs during the day. We saw that the 'host' served refreshments, prepared the dining rooms and served meals.

We looked at a sample of personnel records of four staff. There was a recruitment procedure in place, led by the provider's human resources team and involving the service. All checks and references had been carried out including a police check prior to people commencing work. Staff records were clear, orderly and correct.

At our previous inspection in November 2014 we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2010, Management of medicines. We found people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. We told the provider that improvements were needed to ensure a safe system was in place.

At this inspection we saw that medicines were managed safely. Storage of all medication was secure. The medication fridge and room temperatures were recorded daily to ensure that medication was stored at the required temperature. There were photographs of people living at the home attached to the medication administration records and signatures of all staff who administered medication. The system was easy to audit with a reducing count of medication after each medication round. There were protocols for occasional medication and pain charts for people unable to express they may have pain. Controlled drugs were stored and recorded correctly. Controlled drugs are prescription medicines that have strict requirements for the storage and administration. We checked and the numbers in stock matched the record in the controlled drug register. This showed that safe systems were in place to store medicines and to ensure people received their medication safely.

We asked people who lived at the home if they felt safe and secure. Two people told us that they did and were 'very happy with everything'. Other people smiled, nodded and said it was good and they were okay. We saw that most staff were vigilant and mindful of the whereabouts of people. Staff told us they had received training in protecting people and maintaining their safety. They were able to tell us the actions they would take if they had concerns about the safety of people. We saw two people in close vicinity of each other; they showed through their body language that they were uncomfortable in each other's presence. Staff quickly intervened and used distraction techniques to diffuse the situation. However, on one occasion we alerted staff to the possibility that people's safety could be compromised; they took action to reduce the risks. We spoke with the manager; they had previously identified concerns and had already taken action to deal with the situation. This meant that action was taken to reduce the risks of people coming to harm.

Good

# Is the service safe?

Risk assessments and care plans had been completed to support staff with information for the care that was to be provided. These included moving and handling assessments. We saw people's walking frames were within reach so that they could be used when needed. People's nutritional needs were recorded. We saw people were provided with soft diets when a risk of choking had been identified. Monitoring records were completed each time people received support with eating and drinking, repositioning and pressure area care throughout the day. This meant that risks to people were kept to a minimum.

Requires Improvement

# Is the service effective?

## Our findings

At our previous inspection in November 2014 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2010, Consent to care and treatment. We found that not all people were consulted in respect of their preferences to the care and treatment they received. We told the provider that they needed to make improvements.

At this inspection we looked at the records of four people who had a Do Not Attempt Resuscitation order (DNAR) on file. This is a legal order which tells a medical team not to perform CPR on a person. People, their representatives and the doctor had been consulted and involved in the decisions. This meant that in the event of a medical emergency, people's wishes and preferences would be upheld.

There were assessments of people's capacity to make choices and decisions in people's files. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions were made in people's best interests when they lacked sufficient capacity to be able to do this for themselves. One person assessed as not having capacity and without relatives had an appointed solicitor with Lasting Power of Attorney (LPA). Following a fall from bed a discussion was held with the LPA and a best interest decision made for a crash-mat (mattress) to be used to reduce the risk of the person coming to harm.

Staff told us that one person was unable to make informed choices about specific decisions but could make everyday choices such as what to wear and what to eat. We saw conflicting information in the recording of this person's care records for the consent to care and treatment. They had been assessed as 'able to give consent' but in another assessment 'lacks capacity to make decisions with regards to care'. The manager told us that such inconsistencies had been identified and action had been taken to improve the assessments to ensure accuracy and consistency. We saw that a manager from another of the provider's homes had been deployed to work at this home for three days a week. Their remit was to ensure the home followed and acted in accordance with the principles of the Mental Capacity Act 2008 (MCA).

At our previous inspection in November 2014 we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2010, Safeguarding people from abuse. We had found that people did not have access to move between the different areas on one of the units. This meant that the freedom of some people was restricted. We told the provider to make improvements to ensure people's freedom was not restricted when there was no need to do so.

On this occasion over the two days of the inspection, the adjoining door between the two units on the first floor was open. People had the freedom to move from area to area when they wished to do so. We were told that some people who lived at the home needed constant supervision and were not free to leave. This was for their safety and to reduce the risk of them coming to harm. A visitor told us that their relative was living with dementia and would not be able to go out of the home as they would not be safe. The manager told us that Deprivation of Liberty Safeguards (DoLS) referrals had been completed for some people who were living with dementia. They had been sent to the local authority for authorisation. There was one DoLS authorisation in place to legally restrict a person of their rights to freely leave the building as they would be of serious risk of harm. We saw staff took the necessary action to keep the person safe, and in the least restrictive way when the person said they wanted to 'go home'. Staff offered alternatives in a patient and understanding way.

Staff told us they had the training they needed to ensure they had the competencies, skills and knowledge to support people. One member of staff had recently completed training in dementia care; they found it useful as it gave them a better understanding of the condition and how it impacted on people's daily lives. Another staff member told us that additional training in managing challenging behaviour would be useful. Training was provided by computer based packages and face to face sessions. We were provided with statistical information concerning staff training from the training planner. This showed the training staff had completed or due.

People who lived at the home said they were satisfied with the quantity and quality of food provided and there was a good choice. People were offered choices and we saw that two people had chosen alternatives from the two dishes listed. There was a relaxed atmosphere; people were assisted to the dining room where they had a good social

Requires Improvement

# Is the service effective?

experience whilst having lunch. Some people needed assistance with eating and some people had their meals in their bedroom. We saw assistance being given individually at the person's pace. The lunch time meal was planned and well managed. Catering staff and the host told us they were aware of people's dietary needs and choice. They were kept informed of any changes to people's likes and dislikes.

Staff told us that some people were at risk of not eating or drinking sufficiently each day and as such they monitored their daily intake. People had nutritional risk assessments completed and reviewed at regular intervals. People had their weight monitored each week if they were at risk of losing weight. Referrals had been made to doctors, speech and language therapists and dieticians. When necessary to help people with their appetite and to reduce the risk of weight loss, supplements had been prescribed.

People had access to a range of health and social care professionals. People were supported to attend health appointments such as dentists, doctors and opticians. We spoke with one person who had an outpatient appointment at the local hospital. They were ready and waiting with their relative for the transport to take them to the hospital.

Good

# Is the service caring?

## Our findings

People spoke highly of the care and support they received and the commitment and support of staff. They told us they were treated with kindness and compassion in their daily care. We saw good relationships between people had been developed. Staff knew people sufficiently well to recognise how the person was feeling at any given moment. For example, one person was unable to verbalise their needs, staff told us that a particular behaviour indicated that the person needed the toilet.

Some people were unable or did not wish to speak with us; this was due to dementia, frailty or personal preference. We observed staff to be warm and compassionate, they were kind and gentle when interacting with people. Staff offered people choices and options throughout the day.

We spoke with two visitors. They told us that they had noticed improvements over recent months with the staffing, communication and the care provided. One visitor said: "I realise it is very difficult sometimes for the staff and I try and help all I can. They are all very good, they do a good job. My relative is quite happy in their room, they like to watch television and read the papers. Staff know how to support my relative".

The dementia care unit had undergone redecoration and refurbishment. Areas of interest were provided through the unit, for example, pictures of film stars and tactile wall hangings. Staff told us this had a positive impact for people living at the home. We saw one person living with dementia regularly going to the pictures of the film stars; we saw they smiled as they touched the picture and made comments. The manager told us dementia friendly signage and other areas of interest were planned to further support people who were living with dementia.

Good

# Is the service responsive?

## Our findings

At our previous inspection in November 2014 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010, Care and welfare of people who use services. We found that people's care and treatment was not planned and delivered in a way that was intended to ensure their safety and welfare. We told the provider they needed to improve.

At this inspection staff told us improvements had been made. All people had a plan of their care and support needs and where possible people and their relatives were involved in care planning and assessments. Staff said they would try and accommodate working relatives by completing the six monthly reviews during their visits to the home. We saw documents that had been signed by the person and their relatives confirming involvement in the process. Correspondence from relatives was kept in the files when they had been unable to attend the meeting.

People living at the home told us they could go to bed and get up when they wished to do so. One person said: "It varies when I get up; it was about five to nine this morning". A visitor told us their relative liked to get up when they were ready and got quite upset if they got up before they were ready. They told us that staff respected this but ensured the person remained safe by checking at regular intervals. We saw this person was in the lounge just before lunchtime, they were unable to speak with us but we observed them to be happy and cheerful and tapping their foot in time with the music.

Staff told us how they provided the care and support to people each day. They told us that some people liked to get up early in the morning and some people didn't. We saw staff provided individual care and support to people; this corresponded with the information recorded in the care plans. There were personal profiles in care plans with respect to people's age, disability, gender, race, religion and sexual orientation. We saw documentation relating to people's personal history, preferences, likes and dislikes. Needs assessments had been completed and care plans formulated to support people with their needs. For example we saw care plans to support people with their mobility, eating and drinking, personal care, continence and end of life care.

A nurse told us that the care and support plans for people were being reviewed to make them 'more specific to the patients'. They stated that a dementia care specialist was helping them make improvements. Some files we looked at contained an overabundance of information with much repetition and duplication. It was difficult at times to find information. Two of the care records we looked at had conflicting, dated and inaccurate information. We spoke with staff about our findings; they said that they would take action and amend the records so that they accurately reflected the current care needs of people.

Staff told us how they passed information on people's care needs to other staff at the shift changes. We saw daily handover sheets contained information about people's diagnosed conditions and urgent needs. This included current information about nutritional needs and required daily input. The handover sheets were updated during each shift and handed over to the incoming nurse at the end of the shift. Nurses carried the handover sheets throughout the day and updated them. This meant that systems were in place to share information and be responsive to people's care needs.

Staff told us that people living with dementia particularly enjoyed music. They said: "We had some entertainers in and they sang some Beatles songs, halfway through a lady got up and danced to the music. We had a lovely time". We saw a 'Daily Sparkle' newsletter was available and shared with people. The newsletter is a professionally written reminiscence and activity tool which is intended for older people living with dementia. The activity coordinator said: "Sometimes people read it themselves; sometimes I read it to them. There is always something of interest in the newsletter. There's a lady who's very private and will occasionally take a copy and do the quiz on her own". They told us about the personal preferences of people and what they liked to do each day. Pet therapy, quizzes, religious observance and trips out to the local shops were regularly arranged. We saw activities were varied and ideas came from people and staff, they were offered flexibly on a one to one basis or in a group setting.

People told us they would speak with the manager or senior staff if they had concerns or complaints about the service. One visitor we spoke with told us: "I have no problems with seeing the manager if I have any concerns. I have done so in the past and had a satisfactory response". Another visitor told us they were not quite so confident

Good

# Is the service responsive?

with speaking with the manager but had no 'real concerns at the moment'. We looked at the complaints procedure. There were copies of the procedure in the reception and entrance area. The home's procedure contained details of how people could make a complaint either in person to staff, by telephone directly to the provider's office and by email. The procedure was also in pictorial form. There was a copy of the local authority complaints procedure in the home.

We looked at a number of complaints received in the previous three months. All had been acknowledged within 24 hours and a response in writing sent to the complainant within 14 days. Where needed a meeting had been arranged with the complainants to discuss their concerns. Complaints had been recorded clearly and concisely. Responses were acknowledged where there had been shortfalls with apologies made where the service, 'Had fallen below expected standards'. We saw there were a number of compliments, including a monetary donation from the family of a person who had lived at the home.

Good

# Is the service well-led?

## Our findings

At our previous inspection we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010. The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who lived at the home and others. However, action was not always taken to make improvements in a timely way. We told the provider they needed to make improvements.

At this inspection the manager told us their quality monitoring systems had incorporated a full health and safety check which included a review of falls. This review identified any trends, causes and the actions needed to minimise the risk of further falls occurring. There had been a reduction in the number of people falling since this action was taken. Night visits had been completed by the manager and the night manager to check the care and welfare of people during the night. We saw records of these visits, the observations and any actions that were needed. An area manager visited the home unannounced on a regular basis and as part of their visit completed a 'walk round' of the home. A report on their observations was completed and included any actions for improvements. A dementia care specialist and recruitment personnel from within the company have been deployed at the home to support the manager with reviewing documentation and the recruitment of staff. This meant that the manager was supported by the provider to make the necessary changes to enhance the quality of life for people.

The manager told us of the many checks that were completed each month to check the quality and safety of care the home provided. The copies of the checks were forwarded to the regional managers within the company. The information was then analysed and any improvements needed discussed and actioned as required. All information we asked for was readily available and up to date.

Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the home. Staff we spoke with told us that the management team were open and approachable. Regular staff support and appraisals took place and staff were encouraged to develop their skills and knowledge from regular training.

There were clear lines of accountability. Staff were clear on their responsibility of who to report to. Care staff told us they were able to speak and report to the nurses and that action would be taken if it was required. The nurses said they felt well supported by the manager.

There were systems in place to seek people's views and experiences of the home. Meetings for people, family and friends were arranged and took place at regular intervals. A person told us that meetings for residents were held and any issues could be raised. The person said they had raised matters at meetings, giving an example that toilet paper had run out in their en-suite toilet area. Action was taken to provide the person with toilet paper and to ensure there was a steady supply.

A relative was aware that meetings were arranged for them to meet with staff and other relatives. They told us they were the only one on one occasion so hadn't attended again. They went on to say they could speak with staff anytime they visited if they wished to do so.

In addition to these meetings the manager told us they held an open evening each month where people had the added opportunity to meet and discuss any issues, concerns or suggestions for improvements. Dates and times of the open evenings were displayed on the notice board at the entrance of the home.

Each provider has a legal responsibility to submit notifications to us. We had been notified of significant events which had occurred at the home. For example accidents, incidents and safeguarding referrals and the action the provider had taken. This showed that they were open and transparent in the sharing of information.