

Care Expertise Group Limited

# Maple Manor Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Maple Manor Nursing Home is registered to accommodate up to 16 people in one adapted building. People living at the service had a learning disability and or autism or mental health needs. At the time of our inspection, 13 people were living at the service. Accommodation is provided over two floors and a stair chair lift is available.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to fully demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The service size and design were not in line with the best practise guidance and some people bedrooms were not personalised.

The atmosphere in the home was positive and people had opportunities of engaging in some meaningful activities in the community, however further improvements were required to increase in-house activities and positive interactions between the staff and people who used the service.

The provider's systems and processes used to monitor quality and safety had improved, however further work was required to ensure the care plan and risk assessments were always up to date.

People received person-centred care that promoted their dignity and human rights and were looked after by an appropriate number of staff. Staff understood their roles and responsibilities and how to meet people's individual care and treatment needs. However, the high turnover of staff impacted on the staff being able to form positive rapport with people.

Improvements were made in incident management including the recording, analysis and learning from incidents; medicines management and infection prevention and control.

The staff team worked well with external health and social professionals and followed recommendations made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 3 June 2021) and there were breaches in Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued warning notices.

We found improvements had been made and the provider was no longer in breach of regulations. The service remains rated Requires Improvement.

#### Why we inspected

We received ongoing concerns about the staffing levels and safe care and treatment of people. We also undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

The provider completed an action plan after the last inspection, to show what they would do and by when to improve Regulation 12 Safe care and treatment and Regulation 17 Good governance.

This focused inspection checked they had followed their action plan and to confirm they now met legal requirements. We found the provider had met their action plan and was no longer in breach of the Regulations.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?**

The service was not always safe.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led

**Requires Improvement** ●

# Maple Manor Nursing Home

## 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.

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

Two inspectors completed a site visit and an Expert by Experience made telephone calls to relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Maple Manor Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The current manager started employment in February 2021 and their registered manager application is currently being processed by the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before our inspection

We reviewed our information we held about the service. This included information received from local

health and social care organisations, a relative and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. We reviewed the last inspection report. The provider had not been required to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We gave the provider the opportunity to share information with us.

#### During the inspection

We spoke with one person who used the service. We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with the operations manager, deputy manager, clinical lead, agency nurse, cook, domestic staff and three support workers. We reviewed a range of records, included in part, five people's care records. We looked at three staff files and two agency staff profiles in relation to recruitment, and a variety of records relating to the management of the service, including incident records and analysis.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures and meeting records. The Expert by Experience spoke with four relatives for their feedback about the service.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a Warning Notice.

Enough improvements have been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans were detailed, however we identified not all care plans and risk assessments were reviewed regularly. As a result, not all care plans and risk assessments reflected people's needs. This increased the risk of people's needs not being met adequately. Following our feedback, the provider agreed to introduce monthly reviews of the key documents.
- At this inspection we found the behavioural support plans improved and provided detailed guidance to staff on how to support people's behaviour. The plans focused on people's strengths and promoting what they could do.
- Staff told us the guidance provided in the care plans, training and support in meeting people's behavioural needs had improved since the change in management. The staff were skilled and knowledgeable in how to respond to behaviours that were challenging.
- Behavioural incident records and ABC records were of good quality. An ABC chart is an observational tool that allows us to record information about a particular behaviour. This allowed learning and mitigation of future risks. The number of behavioural incidents had reduced as a result.
- The manager implemented an incidents and accidents analysis tool. The provider evidenced a reduction in the number of incidents since the new tool was implemented.
- Since the last inspection, PEEP's were updated and included information about what fire equipment was required, for example an evacuation chair or evacuation mat. PEEP's had been updated with people photographs.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were reported and acted upon. Staff were aware of safeguarding and whistleblowing policy. One support worker told us, "In the past we [care staff] were let down with how the management responded to reporting safeguarding issues. This has not been an issue since the new manager started but we need to still build trust." The management team were aware of this and had acted to further support staff.
- A recent safeguarding investigation completed by the local authority substantiated some of the concerns reported about the care of a person. The manager responded and dealt with the incident appropriately.

- We received mixed feedback from the relatives about the safety in the service. One relative raised concern about a safeguarding incident involving a member of staff. The management dealt with the incidents in accordance with the safeguarding policy and correct actions were taken immediately.
- A person told us they felt safe living at the service.

#### Staffing and recruitment

- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. However, we found not all agency staff had an Agency Staff Profiles in place. Agency Staff Profiles aim to evidence that appropriate checks of agency staff suitability have taken place. This increased the risk of people not always being looked after safely, by appropriate staff. The provider agreed to rectify this immediately and requested fully completed profiles for all of the agency staff.
- The provider told us the staffing levels were based on the number and level of needs of people who use the service.
- The provider felt confident the staffing levels are sufficient to meet people needs. There were several people living at the home who received funding for additional staff support. We saw evidence of the additional support being provided in people's care logs and observed this taking place during the inspection.
- Agency staff were used to ensure the correct staffing levels were met. Staff told us the staffing levels were sufficient, however based on the interviews with the staff we found that not having a permanent staff team and using the agency staff instead impacted on the staff morale and their ability to work effectively as a team.
- We observed interactions between staff and the people who used the service. Overall, we saw positive interactions between the staff and people. However, not all agency staff were confident in engaging people in in-house meaningful activities.
- The provider was actively recruiting more permanent support workers for the service.
- A person spoke positively about the staff, and the relatives raised no concerns about the staffing levels.

#### Using medicines safely

- The medicines were managed safely. Procedures for ordering, storing and returning unused medicines followed best practice guidance.
- PRN protocols for medicines prescribed as required were completed appropriately.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 Inadequate. At this inspection, this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the systems and processes used to monitor the quality and safety of the service provided was ineffective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The service was not able to fully demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The service size and design were not in line with the best practise guidance and some people's bedrooms were not personalised. The provider had an action plan to improve the premises and ensure they reflect people's personal preferences.
- Monitoring of support plans and risk assessments had improved, however not all of the shortfalls in people's care plans were identified. For example, guidance on how to support one person's mobility was not updated and did not reflect their mobility needs. This increased the risk of people's needs not being met. We shared this feedback with the provider who agreed to focus on more regular audits of the care plans.
- The provider had improved the monitoring processes and put a number of audits in place. As a result, we observed improvements, for example in managing medication and incidents recording. However, the positive changes were recent and needed to be fully embedded and sustained.
- Checks on health and safety had improved. For example, cleaning schedules and audits were put in place to ensure the cleaning was effective.
- Monitoring staff competency, skills and training had improved. Staff told us they felt more confident and better supported to meet people's needs since the changes in the management structure.
- There were some positive changes to the management structure, for example the contingency plan for the manager's absence was developed. The deputy manager, clinical lead and support workers were clear about their roles and responsibilities and felt the tasks were delegated fairly.
- The provider was meeting their registration regulatory requirements in informing CQC of notifiable incidents as required by law to enable monitoring of the service. The provider's previous inspection rating was displayed as required .

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

- The provider had taken appropriate steps to recruit a more permanent staff team, however at the time our inspection the staff morale was slow due to the staff turnover. The high turnover of staff impacted on staff's ability to form positive rapport with people.
- Overall, feedback from staff about the leadership of the service had improved since the new management team were employed. Positive comments were made about the management. One staff member said, "[Manager's name] is very good. [They] are trying their best. [They] are easy to talk to and made a lot of good changes".
- The provider took actions to improve the staff culture. Disciplinary actions were taken against staff when needed. Staff were encouraged to speak up and the management employed an "open door policy". The purpose was to encourage open communication, feedback, and discussion about any matter of importance to staff.
- Improvements were made to people's mealtime experience. People had a choice of home-made meals and had a choice of where and when they could have their meals.
- Most relatives told us they found the new manager approachable and easy to talk to.
- A staff feedback survey was sent to all staff and the findings were analysed. As a result, regular staff meetings took place and a staff break-out room was built for the staff to take breaks in.

Working in partnership with others

- The management team was working positively with external health and social care professionals in making improvements at the service. We saw example of partnership working in the best interest of people who use the service, for example with mental health professionals to improve a person's emotional wellbeing.
- Referrals were made to external health care professional for guidance and support in meeting people's health care needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was open and transparent and investigated concerns and complaints received.
- Majority of the relatives we spoke to were positive about the care and treatment their family member received. They were pleased with the change of manager and noted positive changes at the home.