Devon County Council

Mapleton

Inspection report

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Ratings

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

Overall summary

This inspection took place on 03 July 2015 and was unannounced. It was undertaken to follow up the response by the home to the requirements made and enforcement action taken as a result of our inspection on 24 and 26 February 2015.

Mapleton is a care home without nursing, operated by Devon County Council (DCC). It is registered to provide care for up to 20 people. In 2014 the home was redeveloped as a "Centre of Excellence" for people with dementia. This included a re-design of the home, based on good practice advice with regard to the care of people with dementia. The home provides two units of 10 single bedrooms with en-suite facilities, each having their own dining and lounge areas. Communal areas in these units have been designed to be homely and domestic in feel, and support people with dementia to orientate themselves independently. In addition there is a landscaped garden with sensory areas and a large communal room on the ground floor.

At the time of the inspection there were 16 people living at the home.

Summary of findings

The registered manager was not available during the inspection. 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. Management cover was being provided by two deputy managers: one employed at Mapleton and one from another home operated by Devon County Council which had recently closed, as well as Devon County Council's Resource Manager.

At the previous inspection we identified concerns relating to the safety and welfare of the people living in the home, including the prevention of pressure ulcers, maintaining people's nutrition and hydration and managing medicines safely. We found not all staff had an understanding of the care needs of people with dementia or the principles of the Mental Capacity Act 2005.

We took enforcement action against the home in response to breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken to address the shortcomings identified at our last inspection. However, we are unable to judge two of the key questions as 'good' because the actions taken to ensure people receive responsive and well led care have not been in place long enough to ensure they are applied consistently and over time.

Following the inspection in February 2015 the home provided us with a detailed action plan of how these issues of concern were to be addressed. The home has worked cooperatively with the Care Quality Commission and Devon County Council's Safeguarding and Quality Assurance and Improvement Teams to identify how these issues arose, where and how improvements need to be made and how to ensure these issues do not reoccur.

At this inspection we found people's care needs had been fully assessed. People told us they felt safe and were well cared for. Risks to their health and welfare had been identified and management plans provided clear instructions for staff about how to reduce risks and keep people safe. Where necessary advice had been sought from other care professionals such as the community nurses, dieticians, occupational therapist, and specialist nurses. Care plans were more detailed and provided information about people's preferences and how they wished to be supported.

Communication between shifts had improved to ensure all staff were aware of people's care needs and their responsibilities.

Medication practices had been reviewed and were safe. The way in which topical medicines were stored and recorded had changed to ensure people received these medicines as prescribed.

We found people's nutrition and hydration needs were better identified, recorded and reviewed. Staff had clear guidance on what actions to take should they identify someone was not eating or drinking enough to maintain their health. The way in which people were supported to make choices about what they wished to eat had improved with the use of pictorial menus and meals being presented in serving dishes.

Staff had received comprehensive training in dementia care, the Mental capacity Act 2005 and Deprivation of Liberty Safeguards, some of which was provided in association with Plymouth University. They had a better understanding of the care needs of people with dementia and how to support people who became anxious due to their memory loss.

During our inspection in February 2015 we found people were supported by kind and caring staff and this continued to be the case at this inspection.

People's care plans had been written with the person and their relatives, where appropriate, to enable staff to have a better understanding of their preferences, past history and social interests.

Staff recorded the care and support they provided to people in more detail than at the previous inspection. Should someone be reluctant to receive personal care, staff were guided with strategies that might overcome their hesitancy.

We saw people were encouraged to continue to live as ordinary a life as possible, to participate in everyday tasks around the home, to continue with their hobbies and to go out to the local town.

Summary of findings

People and relatives told us the home was well managed. Since the previous inspection, the home has worked cooperatively with the local authority's safeguarding team to identify risks to people's health and wellbeing and to ensure people's care needs have been thoroughly assessed. Devon County Council's (DCC) senior managers, the home's registered manager and the staff team have worked with DCC's Quality Assurance and Improvement Team to identify the weaknesses in the previous quality assurance process and to produce a more robust plan of audit and review. Increased quality monitoring included a monthly check by the registered manager of issues such as care plan reviews and daily recording, medication practices, the safety of equipment, infection control and staff learning and development. A full health and safety audit had been undertaken in May 2015.

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?

Good

People told us they felt safe and were well cared for.

Risk assessments had been rewritten to clearly identify how to keep people safe.

Staff had received training in pressure ulcer prevention and were guided to monitor people's skin for signs of breakdown.

Medicine storage, administration and recording practices were safe.

Is the service effective?

Good

Records relating to people's food and fluid intake were accurately recorded and regularly reviewed. Actions were identified should there be concerns about people not eating and drinking enough to maintain their health.

Pictorial menus aided people with their meal choices and the aroma of cooked food was used to promote people's appetite.

Clear instructions were provided for staff with regard to managing people's weight and health related dietary issues, such as diabetes.

Staff had received training in dementia care and the Mental Capacity Act 2005 and had a better understanding of how to support people with dementia.

Is the service caring?

Good

People were supported by kind and caring staff.

Care plans included information about what may worry people and how best to reassure them.

People's privacy and dignity was respected.

People's choices with regard to the care and support they wished to receive at the end of their lives were well documented and the home endeavoured to continue to care for people at this time with the support of the community nursing team.

Is the service responsive?

Requires improvement

People were encouraged to continue to live as ordinary a life as possible and to participate in everyday tasks around the home.

Care plans had been rewritten and recorded people's preferences, past history and social interests in more detail.

Staff were provided with guidance to support people who may be reluctant to receive personal care.

Summary of findings

Daily care notes were written in detail and included information on how people had been supported, their mood and how they had spent their day.

People were supported to go out from the home on trips to the local town.

Is the service well-led?

Requires improvement 

People and relatives told us the home was well managed.

Communication between people living in the home, their relatives and the home was good. Concerns and complaints were responded to promptly and comprehensively.

The management team had systems in place to ensure the home provided high quality care to people. This included increased quality monitoring and audits of safe working practices.

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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.

We inspected Mapleton on the 03 July 2015. This inspection was unannounced and was undertaken to follow up the home's response to the requirements made and the enforcement action we took at our previous inspection in February 2015. One adult social care inspector undertook the inspection.

Prior to the inspection the provider sent us a plan detailing the action taken to address the breaches in the Regulations. We looked at the information we had received during the multi-disciplinary safeguarding process about the running of the home and the well-being of the people who lived there. We spoke with the community nursing team and members of Devon County Council's (DCC) Quality Assurance and Improvement Team who have been supporting the home since the concerns over people's welfare were identified.

On this inspection we spoke with and spent time with eight people who used the service, five staff, the two deputy managers, Devon County Council's Resource Manager and five visitors. Most of the people who lived at the home had some degree of dementia, and were not able to communicate with us in any depth about their experiences of being at the home. We spent time observing the care of people who were not able to communicate with us verbally.

We looked in detail at four people's care plans and other records to check details of the care they received, including how their medicines were managed. We reviewed how the home assessed and monitored the quality of the service provided and how it kept people safe.

Good

Is the service safe?

Our findings

At our inspection in February 2015 we identified concerns with regard to the assessment and management of risk to people's health and safety, and in relation to how medicines were managed. These were breaches of Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued in relation to Regulation 9, telling the provider they must take action by 29 April 2015.

At the last inspection there was not always sufficient guidance for staff on how some risks to some people's health and welfare should be managed. Staff did not always make appropriate referrals to health care colleagues, to obtain advice and support. People's medicines were not always managed safely.

At this inspection we found action had been taken to address all of the issues raised. People told us they felt safe and were well cared for, one person said "yes, indeed" when asked if they felt safe. Visitors confirmed they had no concerns over the welfare of their relatives, one relative said "it's excellent here." The community nursing service told us they were confident people's care needs were better identified and any associated risks to their health were managed well.

Care plans and risk assessments had been rewritten to clearly identify people's needs and any associated risks. Staff had received training in pressure ulcer prevention immediately following the inspection in February 2015 and again in June. Staff told us how they reduced the risk of people developing pressure ulcers by changing people's positions regularly and encouraging people to lie on their beds for a period of time during the day, as well as what actions they would take if they had any concerns. Guidance was included in care plans to monitor people's skin and areas such as sacrum, hips, heels, shoulders, toes, elbows, spine and ankles which were more prone to pressure ulcers. They were instructed to look for any changes in skin colour such as pink, red or dark areas, any areas where skin was blanched or any broken areas and to document these and report directly to the team leader who would inform the community nurse: the community nursing team confirmed this was happening.

Care plans also indicated the support each person required to reduce their individual risk of skin breakdown. For example, one person's care plan said, "(name) to rest on her bed each afternoon to relieve the pressure off her sacrum" and at other times of the day, "(name) can also be repositioned using her chair (the chair can be tilted to change her pressure points)".

For those people who required assistance with their mobility, the care plans provided detailed information for staff. For example, one person required the use of a hoist to assist them. Their care plan indicated the type of hoist, the size of sling and which attachments were to be used to ensure the person's safety. Another person's care plan indicated they were able to walk a few steps forward but not sideways and staff should consider this when planning how to support the person to walk.

Some people were at risk of constipation. Care plans were very clear about what signs staff should observe and what actions they must take should they suspect someone was constipated. Each person in the home had been assessed for their risk and guidance had been sought from the Bladder and Bowel Specialist Nurse. Staff had received training immediately following the inspection in February 2015 from the community nursing team and further training in relation to managing people's bladder and bowel care has been booked for August 2015.

People's individual risks were discussed at staff handover meetings to ensure all staff were aware of these issues and their responsibilities.

Managers and staff had responded to the concerns CQC had raised about safe medicine practices. Action had been taken to review people's medicines and their records. Staff and managers were confident this would ensure all prescribed medicines, including nutritional supplements, were managed safely. We found topical medicines were securely stored in people's bedrooms and their use was more clearly defined and recorded. Medicine administration records were accurate. DCC's Quality Assurance and Improvement Team were present at the time of the inspection in February 2015 to undertake a review of the home's medicines practices and they have continued to support the home. They undertook a further review in April 2015 which showed the issues raised in February had been fully addressed.

At the previous inspection, we found the home had a comprehensive policy and procedure for the reporting of

Good

Is the service safe?

concerns about abuse and relating to whistleblowing and staff had a clear understanding of what might constitute abuse and how to report it. We found this continued to be the case at this inspection.

Good

Is the service effective?

Our findings

At our inspection in February 20015, we identified staff were not always ensuring that people had enough to eat and drink, some people's needs were not being met, some peoples' rights were not fully protected and CQC had not been informed about one person whom the home were lawfully depriving of their liberty (as they must do). In addition, not all staff had the skills, or knowledge to support people effectively with regard to some aspects of their care.

At this inspection, we found the records relating to people's food and fluid intake were more accurately recorded and were regularly reviewed. The amount of fluid each person required to maintain their health had been identified and staff reviewed each person's intake to ensure it was sufficient. We saw staff had identified some people were not drinking enough to maintain their health and action plans had been written to address this. These plans included referring people to their GP, as well as promoting increased opportunities to drink more. For example, the action plan for one person indicated they became distressed if unoccupied and they were to be offered a drink and something to eat, this not only reduced their anxiety but encouraged them to eat and drink more. Another person's care plan described they would eat more if offered finger foods and identified which cup they could drink from independently. Advice had been sought from a dietician in relation to increasing people's calorie intake and this information was incorporated in people's care plans.

Since the previous inspection, people had been consulted over the meals they wished to see offered on the menu. The menu had been changed accordingly and changes had been made. For example more curries had been added. Each unit had a kitchen where people and their relatives could make drinks and snacks, and we saw people doing this during our inspection. In the dining area a pictorial menu displayed large pictures of the menu choices for the day; pictures of other meals were available to aid people to make alternative choices. To encourage people to eat more at breakfast, bacon was cooked in each kitchen area with the aroma of cooking used to promote people's appetite.

The way in which the midday meal was presented had also changed. Meals were now presented in serving dishes to allow people to see the food choices and to take what they wished.

Staff had been provided with clear information regarding the monitoring of people's weight and what action to take should someone be at risk from poor nutrition, and if they lost weight. For example, one care plan said, "If (name)'s weight drops below 50.9kg recommence a food chart to monitor dietary intake. If (name) loses more than 5% of her body weight (currently 2.7kg or more) inform the team leader, who will then inform the GP and request a dietician review."

We saw the guidance provided to staff about managing people's diabetes had been updated and now provided staff with clear guidelines about how and when people's blood sugar should be tested. Staff had received training in diabetes care in April 2015.

Since our last inspection staff had received comprehensive training in supporting people with dementia, some of which was provided in association with Plymouth University. Family members had also been invited to attend these training events. Staff told us they better understood how dementia affected people and had more confidence in meeting people's needs. Care plans gave staff guidance on how each person's dementia affected them, if any situations caused them distressed and if so, how to provide appropriate comfort. For example, one person's care plan stated, "noise appears to upset (name). A sign she is upset is a flat tone of voice and not making eye contact. (Name) can be comforted by gentle touch, holding her hand and talking to her calmly." We saw very good practice in relation to supporting one person who became anxious. A staff member gave them a bunch of flowers from the garden and sat with them, talking about the flowers and drawing her attention to their colours and how pretty they were.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in April 2015. Care plans included assessments of people's capacity to make decisions about their care and involved relatives and other health professionals where appropriate. Where it was necessary to restrict someone's liberty to keep them safe, for example with the use of the locked external doors, authorisation had been sought and granted for some people: decisions were awaited on others.

Good

Is the service caring?

Our findings

During our inspection in February 2015 we found people were supported by kind and caring staff. We saw pleasant conversations and laughter whilst going about the home and during the period of direct observation.

The observations we made at this inspection confirmed staff's continued kind and caring nature towards people. People and relatives told us they were very happy with the care and support provided at the home. Comments included, "the home is really good", "it's lovely here" and "mum is receiving excellent care."

We saw the home's good practice in regularly reviewing people's care needs with the person and their relatives, where appropriate, has continued. Care plans also included information about what may worry people and how it was best to reassure them. For example one person's care plan indicated, "(name) can get upset if she is on her own for too long, she likes to be around people and chat with them. If (name) is worried staff can reassure her by sitting and chatting with her. (Name) likes to hear something about the staff or what they have been doing, alternatively you could look at a book with her."

People's choices with regard to the care and support they wished to receive at the end of their lives were documented in their care plans. The home endeavoured to continue to care for people at this time and was supported in doing so by the community nursing team.

People's privacy and dignity continued to be respected.

Requires improvement

Is the service responsive?

Our findings

At the inspection in February 2015 we found records relating to people's care and welfare needs were not completed in sufficient detail to enable staff to understand the care and support people might need. People's individual care needs had not been adequately assessed and care plans were not individual to each person to ensure their needs were met in a personalised way.

Activities offered to people were not always based on their individual likes or wishes or targeted at an appropriate level to meet their abilities. Staff did not have a good understanding of people's past history or social interests.

Actions had been taken to address the shortcomings identified at our last inspection. However, we are unable to judge this key question as good because the actions taken to ensure people receive responsive care have not been in place long enough to ensure they are applied consistently and over time.

At this inspection, we found people's care plans had been rewritten with the person and their relatives where appropriate to enable staff to record their past history and social interests in more detail. For example one person's care plan indicated their interests were "pretty things like material as she used to be a seamstress, (name) likes flowers and fashion magazines." This person had been given an apron to wear with pockets for items they might like to handle, such as buttons, zips, Velcro and threads. Another person's care plan described how they "love to knit and has over the years knitted lots of Aran jumpers for the whole family." We saw they were being encouraged to continue with knitting.

People's personal preferences were also recorded. For example, one person's care plan said "(name) likes to wear nice jewellery; she can choose what she would like to wear for the day and put her own make-up on." Staff said as they were learning more about people, they developed more ideas to provide stimulation and people's involvement in meaningful activities.

Should someone be reluctant to receive personal care, staff were guided with strategies that might overcome people's hesitancy. For example, one person usually refused when asked if they would like to have a bath. Staff were guided to run the bath and show the person the bath was ready as they were then more likely to agree. For people whose mobility needs required the use of equipment such as a hoist, care plans provided staff with more guidance on how to support someone who may be resistant to its use. Strategies included explaining what they were doing, offering reassurance, returning a little later to try to assist the person again or providing a change of staff. We saw professional guidance had been sought from Occupational Therapists and moving and handling advisors.

The manner in which staff recorded the care and supported they provided to people was more clearly written than at the previous inspection in February 2015. Care support was written in detail and records included information about people's mood, such as happy or anxious, and about how they had spent their day. One person's care notes described how staff had sat with them overnight to offer reassurance and ease their anxiety. Records showed staff were working with the community mental health team to further assess this person's care and support needs. This assessment provided detailed descriptions of when the person became anxious and how staff attempted to provide reassurance and whether this was successful.

People were encouraged to continue to live as ordinary a life as possible and to participate in everyday tasks around the home, such as making drinks and washing the dishes and we saw this during our inspection. One person told us she liked to fold the napkins, and staff confirmed this was something they did every day. Many of the people living at Mapleton were supported to use the local bus service for individual trips to the town centre to visit the shops and market: family members were also involved in these activities. Other planned activities included musicians and bands, arts and crafts, music and exercise as well as BBQs. People were encouraged to spend time in the garden and people had been involved in planting vegetables.

Requires improvement

Is the service well-led?

Our findings

At the inspection in February 2015 we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not effective in improving the quality of the services at Mapleton. People's care records were not accurate or complete. Risks to people's health and safety had not been adequately managed and as result people had suffered harm.

We found although the building had been adapted and re-designed in line with best practice guidance to make it suitable to meet the needs of people with dementia, the model of care, ethos and philosophy of care was not well understood or implemented by the staff team.

Actions had been taken to address the shortcomings identified at our last inspection. However, we are unable to judge this key question as good because the actions taken to ensure people receive well led care have not been in place long enough to ensure they are applied consistently and over time.

Devon County Council's (DCC) senior managers responded immediately to our concerns and targeted appropriate resources, such as additional management support, staffing and equipment as well as implementing a service improvement plan. Clear actions were identified to address all of the issues identified through the inspection in February 2015 as well as those identified through the service's own internal reviews and audits: timescales were identified as well as who was responsible for implementation. The registered manager and the staff team had worked with DCC's Quality Assurance and Improvement Team to assess the weaknesses in the quality assurance process and produced a more robust plan of audit and review. The management team were confident this would ensure the quality of services provided would be reflective of people's own expectations and experiences.

Senior management and the registered manager had provided training and support for staff to understand best practice principles in caring for people living with dementia and, as such, to promote a more positive, person-centred culture within the home.

Those people who were able to share their experiences with us as well as the relatives we spoke with told us the home was well managed. One relative told us the communication from the home was "very good" and, although they had no need to do so, they felt they could approach all of the staff about any issues they may wish to raise.

Devon County Council's senior managers had written to and met with people and relatives to inform them of the outcome of the previous inspection and the actions taken to address the issues raised. They had recently sent questionnaires to people, relatives and health care professional to gain their views on the progress the home was making and to guide any further quality development: the questionnaires had not been received back at the time of this inspection.

A full health and safety audit had been undertaken in May 2015 which included a review of the premises, fire safety checks, testing hot water temperatures, Legionella checks and staff training in relation to health and safety issues. The issues identified, such as testing the water for Legionella, had been resolved.

Increased quality monitoring included a monthly check by the registered manager of issues such as care plan reviews and daily recording, medication practices, the safety of equipment, infection control and staff learning and development. An action plan was developed from these reviews should any shortfalls be identified. Each team leader was also responsible for undertaking checks each day during their shift to ensure people's needs were being met and to seek advice should someone appear unwell.

We saw complaints and concerns raised by relatives, both before and following the inspection in February 2015, had been addressed promptly. A new electronic information point for visitors in the entrance of the home to allow visitors to provide immediate feedback following their visit.

The community nursing team and DCC's Quality Assurance and Improvement Team both confirmed the staff and management of the home had worked cooperatively with them to assess and meet people's needs. They were confident the issues identified in February 2015 would not reoccur due to the reviews and management systems in place.