HC-One Limited

Maple Lodge

Inspection report

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Ratings

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

Overall summary

This inspection took place on the 29 October 2014 and was unannounced.

Maple Lodge (Stafford) provides accommodation and personal care for up to 40 people some of whom may be living with a physical disability or dementia. At the time of this inspection 31 people lived at the home.

The home had a registered manager in post. 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.

People who lived at Maple Lodge and their relatives told us that they were satisfied with the care and support they received.

Summary of findings

The provider kept people safe. Staff were aware of how to keep people safe and where to report and refer any concerns they may have. Risk assessments were completed when risks to people had been identified. They included the actions needed to reduce risks.

Recruitment processes were in place which ensured that prospective staff were fit to work.

Although staffing numbers were adequate and people's needs were met, there were concerns over the skill mix of staff as some staff were new to the home and did not have the necessary skills and experience that was needed to support people.

Staff managed people's medicines safely; they received training in the administration of medication. Systems were in place to reduce the risk of medication errors.

The provider recognised the requirement to work within the guidelines of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). Referrals were in the process of being made for people who may have been restricted of their liberty, however not all staff had received training in these areas.

People had a healthy choice of food. When people required more support to meet their nutritional needs, plans were put in place to monitor and ensure that people received adequate food and fluids,

Healthcare professionals were contacted when people's needs changed or they became unwell. People received health and social care support when they needed it.

Staff were aware of people's individual care plans and risk assessments. Information was recorded in the care plans to ensure people received the care and support they needed.

People were treated with dignity and respect.

Staff supported people to enjoy their hobbies and interests either on an individual basis or within a group activity.

People knew how to complain if they were not happy with the service they received.

Staff received on-going training which was relevant to their role. They told us the training they needed was available, useful and relevant.

Arrangements were in place to ensure that people could comment on the home and make suggestions for improvement.

Checks were in place to monitor the quality and safety of the service.

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 how to protect people from abuse and how to report any concerns.

Staffing levels were adequate to meet the needs of people. However, consideration of the mix of skills in the staff team is needed to ensure people who live at the home are supported by sufficient skilled and experienced staff.

People's medication was managed safely.

Requires Improvement

Is the service effective?
The service was effective.

New staff received an induction to ensure they know what is required of them to carry out their role and responsibilities.

Staffs on-going training and development needs were identified and training courses available for them.

People had sufficient to eat and drink each day, monitoring of people's dietary intake was recorded when this was necessary to ensure people remained well.

Good

Is the service caring?
The service was caring.

Staff were kind, considerate and respectful when providing care and support to people.

People were involved with making choices and decisions about their care.

Good

Is the service responsive?
The service was responsive.

People's care and support needs were recorded in an individualised way and reflected the likes, dislikes and preferences of each person.

People were supported and encouraged to continue to enjoy their hobbies and interests.

Good

Is the service well-led?
The service was well led.

The home had a registered manager. Staff reported that the management team were supportive and helpful.

Meetings with the manager and staff were arranged for people to discuss issues, concerns or suggestions for improvement.

Good

Summary of findings

There were quality monitoring systems in place and action plans for improvement.	

Maple Lodge

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 29 October 2014 and was unannounced.

The inspection team consisted of two inspectors and a specialist advisor who had experience in dementia care.

Prior to this inspection 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 service had not been able to complete the provider information return (PIR), this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make, as they had not received it in time.

During the inspection we spoke with nine people who lived at the home, three relatives, the registered manager and nine staff. We looked at six care records, staff rosters, medication records, the training matrix, three staff recruitment files and the quality monitoring audits the provider completed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Most people who lived at the home told us that they felt safe. One person told us they felt safe and comfortable and went on to say: "I would like to go out by myself but I know that I would not be safe, [because of frailty and mobility problems] so the staff come with me when I want to go out anywhere. This is okay and I realise this is for my own safety".

We received notifications from the manager when they had referred safeguarding concerns and allegations of abuse to the local authority for their consideration and investigation. When staff were implicated and involved in allegations of abuse the manager took action to ensure people who lived at the home were not at risk of further harm. Care staff knew about protecting people from harm and told us the actions they would take if they had concerns regarding the safety of people.

We looked at the care records of people who lived at the home. We saw that risk assessments had been completed when risks to people had been identified. For example, we saw that where a person was at high risk of falling, a falls risk assessment had been completed. This included the actions that were needed to ensure the person remained as safe as possible. Another person was at risk of pressure damage due to immobility. The completed risk assessment included the actions needed by staff to support the person with regular repositioning and monitoring of their skin. We saw staff completed the monitoring records and provided the care regularly throughout the day. This meant that risks were kept to a minimum and people were as safe as they could be.

We saw that staff spent time with people when they needed help and support. Staff took time to acknowledge and speak with people whenever they came into contact with them. A visitor said: "They [care staff] look after my relative very well, but sometimes it seems as though there is a shortage of staff. There is not always a member of staff in the lounge area so another carer would be useful". We observed a member of staff in the communal areas and available to provide support when it was required. One person who lived at the home told us: "The staff are kind; I don't think we could have better. I am quite satisfied".

On one unit there were three staff on duty, a senior, a carer, and an agency care worker. There was also a new starter who was on the first day of their induction. Staffing numbers at the time of this inspection were adequate and people's needs were met. However, the skill mix of staff caused a short delay in response to an incident as two staff were relatively new employees. Neither staff had the knowledge or experience to deal effectively or quickly with the situation. The senior carer was alerted; they attended and made the necessary arrangements for the comfort and safety of the person. Senior carers also said that on occasions there was only one senior to cover both of the units. The manager told us that on these occasions the deputy manager would support the senior care worker with the administration of medication. They informed us of the recent turnover of staff and that recruitment for care staff was on-going.

We looked at the recruitment files for three members of staff. We saw that checks to assess people's suitability to work at the home had been made. This meant that the provider was following safe recruitment procedures.

The provider managed people's medicines safely. Staff told us that sometimes people refused to take their medication; this may be because they had forgotten that they had been prescribed medicines. When people refused their medication, we saw staff sat with the person and explained what the medication was for and why it had been prescribed. Staff told us that only staff who had received training could administer medication.

Risk assessments and care plans were completed when people required medication. When people needed medicine on an occasional basis, there were clear written protocols for the staff to follow. This meant that people could be sure that medicine was given safely at the right time.

Staff administered medication to people at certain times during the day and according to the prescribing instructions. Each person had a medication administration record (MAR) which included a photograph of the person for identity purposes and a list of current prescribed medicines. The MAR was completed every time medication was administered to the person. Arrangements were in place to minimise the risk of medication errors.

Good

Is the service effective?

Our findings

We saw that care staff communicated effectively with people, at a level and pace that was suitable for the person. People told us that it was 'good' to live at Maple Lodge and the staff made sure that they were 'well looked after'.

Staff told us they felt 'well trained' and training opportunities were in place. This could be e-learning, face to face or group sessions. They told us they had received training in subjects such as dementia care awareness, fire safety, moving and handling and understanding equality and diversity. We saw staff supported people who were living with dementia in a caring, encouraging and positive way.

New staff had an induction period where they worked alongside more experienced staff. This meant that new staff were provided with the basic training and knowledge to provide people with appropriate support. We saw a new member of staff on the first day of their employment was shown around the building, how the fire alarm worked and the fire exit points. This ensured that they would be able to respond appropriately if the fire alarm was activated in the case of an emergency.

Staff told us they knew 'a little' about the Mental Capacity Act 2005 (MCA) and the processes for supporting people with making decisions that affected them. One staff member told us that training had been planned for the MCA and the Deprivation of Liberty safeguards (DoLs). They told us they were looking forward to this training so that they could have a greater awareness of how to support people with these needs. The provisions of the Mental Capacity Act and the Deprivation of Liberty safeguards relate to people who do not have the capacity to make specific decisions and in these circumstances, other people can be authorised to make decisions on their behalf as long as they are in the person's best interests. We saw that a capacity assessment had been completed for one person who was living with dementia when a decision for their continuing care and treatment was needed. A meeting had taken place with staff, a health care professional and their family to determine the necessary action that was in the best interests of the person. The manager told us that capacity assessments and DoLs referrals were in the process of being completed.

Staff always asked the person's consent before undertaking any intervention, for example support with personal care or offering refreshments. One person who lived at the home told us: "Staff do involve me in my care and they always ask if it is okay with me before they do anything".

In care records we saw that risk assessments had been completed if people had a poor appetite or were at risk of choking. Light and soft diets were provided and food supplements prescribed.

We spoke with the manager about the dietary preferences for one person who wished to have a diet based on their cultural needs. In a recent care review the person had indicated that they would like to have food that was linked with their ethnicity. The manager confirmed that no action had been taken for this request but offered an assurance that the chef would be consulted and the food provided.

People who lived at the home received support, guidance and treatment from external healthcare professionals. In the care records we looked at there were records of visits from chiropodists, community mental health nurses, speech and language therapists, doctors and nurses. We saw care plans were updated and reviewed when there were any changes to the person's care and support needs following the visits from the professionals. Health care needs were monitored by the staff for example people's weight and pressure area care. This meant people were being supported to have their health care needs met.

Good

Is the service caring?

Our findings

People who used the service told us that the staff were very good, kind and thoughtful. One person said: “The staff are marvellous, I get very good care here”. Some people were unable or did not wish to speak with us; this was due to frailty or personal preference. We observed good relationships had been developed between staff and people who lived at the home. People were relaxed in each other’s company; there was much laughter and conversation.

We saw a group of people enjoyed time together talking about their lives and reminiscing about family, friends and the pets they had. Staff involved and encouraged all people in the group to remember something of their past lives. It was a lively and compelling discussion. We observed that people were engaged, laughing and smiling and enjoying the time spent with each other.

Two people had developed a special friendship since coming to Maple Lodge and enjoyed sitting next to each other in the lounge area. Staff recognised this was something they did and respected their choices.

Resident meetings were held each month and included such areas as the laundry, food, staff and activities. Minutes of the meetings were produced and available so that people could refer to them. One person said that it gave them the added opportunity to discuss life at Maple Lodge with other residents.

Visitors at the home told us they could visit at any time to see their relatives. They told us they were welcomed and staff were friendly and supportive. Some people liked to visit at meal times so that they were able to support their relative; one person told us they liked to do this. This meant that the service recognised people’s individual needs in relation to the flexibility in visiting times.

Some people who lived at the home lacked the capacity or had fluctuating capacity to make decisions for themselves due to their specific needs. We saw staff were kind and compassionate when helping people with their everyday choices and options. They gave people time and offered visual as well as verbal prompts to help with making choices.

The person centred planning approach to recording the individual care and support needs of people was promoted with staff. Staff were encouraged to care for people with dignity, respect and compassion. People who lived at the home told us that the staff were very good at looking after them. One person said: “It [the staff and the home] could not be better”.

Most people required support with maintaining their personal care; staff were discreet and ensured that the privacy and dignity of people was upheld during these interventions. Each person had their own bedroom and ensuite facilities. One person who lived at the home told us, they were very pleased they had their own toilet. “It is very important for me to have my own toilet and I like the privacy”. The bedrooms were all very different with lots of the person’s possessions and belongings. Some people preferred to stay in their rooms during the day; staff supported them with this choice but visited at regular intervals to check their wellbeing and safety.

Good

Is the service responsive?

Our findings

We asked relatives and visitors if they felt the home was responsive to the needs of people. They told us: "Staff asked us about our [relative], what they liked to do, what they liked to eat and anything that would help our [relative] with the move into the home. We gave as much background information as we could. We are very pleased with what we have seen so far". In the care records we saw people and their relatives were involved in their initial assessment of care and support needs. Reviews of care were completed at regular intervals with the person (whenever possible) and their relatives if this was needed.

The care plans reflected people's likes, dislikes, preferences and personal social history. Staff were able to tell us about people's past jobs and interests. This information enabled staff to meet the care and support needs of people.

Activities were available to people each day. 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. It is full of articles, quizzes, old news stories, gossip, puzzles, sing-alongs and entertainment geared towards stimulating the mind and improving memory. We saw a group of people looking at the newsletter and discussing the contents.

People enjoyed the visits to the hairdresser. One person said: "I always feel a lot better when I have had my hair done". Another person told us how previously they had been a regular church goer and that their religion was important to them. They told us they were no longer able to attend the weekly services but they looked forward to the visits by the local priest. They said: "I do so look forward to the priest's visits and feel so calm and relaxed afterwards".

People's independence was promoted. Equipment that was required to support people with their mobility was available. People had walking frames and sticks within reach when they needed them. Some people were frail and at risk of skin damage, equipment such as pressure mattresses and cushions were provided to help reduce the risks to them.

Visual prompts and aids were distributed at points around the units. These helped people living with dementia to find their way to bathrooms, toilets and bedrooms. Staff told us families had provided photographs of their relatives to position on the outside of the bedroom door so people could find and identify their room.

We observed the mealtimes at the home. People were encouraged to use the dining facilities for meals but some people preferred to eat in other areas of the home. There was a choice of menu for each meal; people were supported with their preference. People who lived at the home told us the food was good and they had plenty to eat and drink. We saw some people needed support from staff with their meals. Staff sat with the person at the table and supported them with their meal at a level and pace that was suitable. People were not rushed. One person told us: "I have had a lovely breakfast, really enjoyed it, but have had enough for now".

The complaints procedure was available in word and pictorial form. It was displayed around the home so that people could easily see what they needed to do if they had any concerns or complaints about the home. One person told us they would speak with their family or a member of staff if they had concerns. The manager told us they dealt with any complaints that were received. We saw copies of some complaints that had been received and the responses made to the complainants. We saw a recent thank you card that had been sent to the home following the death of their relative, 'Thank you for the care and support you have kindly given to my [relative] whilst they were in your care'.

Good

Is the service well-led?

Our findings

There were systems in place to seek people's views and experiences of the home. Meetings for people, family and friends and staff were arranged and took place at regular intervals. In addition to these 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. Two people who lived at the home told us about the meetings they attended and said they discussed the home, the food and the staff. A visitor told us they were unable to attend the meetings but commented they could speak with the manager or staff when they visited if they wished to do so. A suggestion box was available at the entrance to the home for people to make comments should they wish to do so outside of the regular meetings.

The provider had its own whistle blowing policy and protected staff that raised concerns about other people's practice. Staff said they could access the whistle blowing facility at any time and felt they were able to do so.

There were several links to the community, for example a lady and her pet dog from the local community visited each week, the school choir visited at times during the year, weekly visits from ministers from various religious denominations and entertainers were arranged. Trips out in to the local community were also available and arranged.

The home had a registered manager in post; they were supported by a deputy manager. A named senior member of staff was allocated in charge of the units each day and supported by a team of care staff. Staff told us who they were to report to, there were clear lines of accountability in place. Staff spoke highly of the deputy manager and felt well supported by them.

The manager sent us the required statutory notifications regarding the home when it was necessary to do so. This showed the manager was aware of their legal obligations.

Systems were in place to check the quality and safety of care the home provided. The manager completed the checks at regular intervals and provided copies 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.

The area manager visited throughout the month and reported on various subjects and topics. The most recent one completed looked at the recruitment and retention of staff at the home. This was most appropriate given the high turnover of staff and continual recruitment for new employees.