

Methodist Homes

# Maple Leaf House

## Inspection report

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Date of inspection visit:  
06 September 2019

Date of publication:  
08 October 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Maple Leaf House is a nursing home providing personal and nursing care to 27 older people who may be living with dementia. The service can support up to 48 people.

The home is situated in a residential area of Ripley. The home has three lounge areas, a sensory room and reminiscence room. All areas of the home are on the ground floor and people have individual bedrooms which they can personalise. There is a garden in the centre of the building which people can use.

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

People were happy and relaxed with staff and there was enough staff to support them. Staff were safely recruited to ensure they were suitable to work with people. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Medicines were managed safely in accordance with current regulations and guidance and people received their medicines as prescribed. Accidents and incidents were recorded, and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were being supported to make decisions and where people lacked capacity decisions were made in their best interests.

Staff had received the training they needed to know how to support people and had supervision from nursing staff and managers. People were encouraged and supported to eat and drink well and there was a varied daily choice of meals; special dietary requirements were met. Health care was accessible for people and appointments were made for regular check-ups as needed. Oral hygiene checks were completed in the home and referrals made where additional dental care was needed.

People chose how to spend their day and they took part in activities they enjoyed. Family members were able to join in any activity and people were supported to stay in touch with their families and receive visitors. A resident chaplain conducted services in the home and provided people with opportunities to reflect. Friendly relationships had been developed between people and staff. Care plans described people's needs and preferences and these were reviewed. People were encouraged to be as independent as possible.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. People were encouraged to express their views and were invited to complete surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People felt listened to and any concerns or issues they raised were addressed.

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

The last rating for this service was Good (Published April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Maple Leaf House

## 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.

#### Inspection team

One inspector carried out this inspection with 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.

#### Service and service type

Maple Leaf House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission, however, they were not currently working in the service. Interim arrangements had been organised, and the deputy manager was managing the service as the 'acting manager'. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. We have referred to the acting manager as the manager within this report.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with four people who used the service and four relatives. Some people who were living with dementia were unable to speak with us so we observed how they were supported. We also spoke with three members of staff, a nurse, the acting manager, a chaplain, the operational manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records which included care plans and medicine records, staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service including quality audits.

# 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 Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the care and support people received was safe and they were confident that people were being supported to promote their well-being.
- Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff described how they would report any concerns both within the organisation and outside to the local authority safeguarding team.
- Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors.

### Assessing risk, safety monitoring and management

- Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed to take account of people's changing needs and circumstances.
- Risk assessments were in place for supporting people to move using stand aids and mechanical hoists to ensure they were supported to move safely.
- People who had been assessed as requiring bedrails on their beds to prevent them from falling had protective covers over the rails to reduce the risk of entrapment.
- Support plans had been developed to ensure people were repositioned to help avoid developing pressure ulcers. There was no-one in the home living with pressure ulcers at the time of this inspection.
- Call bells were in place for people to call for assistance if needed. People who used the service may not be able to operate the call bell systems and the manager had recognised this and sensor mats were in place to alert staff where a person was at risk of falling.

### Staffing and recruitment

- People, their relatives and staff felt there were enough staff available to meet people's needs.
- We saw people received their care and support when they needed it and wanted it and staff went about their duties in a calm manner.
- Recruitment checks were completed to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.
- Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

### Using medicines safely

- We saw a nurse administering medicines sensitively and people were offered a drink and given time to take their medicines. One relative told us, "[Name] has their medicine on time and I have in depth discussion

with the nurses about it."

- The registered nurses were trained in the administration of medicines and competency checks were carried out to ensure safe practices.
- Medicine records clearly recorded the medicines and when these were given. Medicine audits were completed which included checks on recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed promptly.
- Medicines were stored securely and in line with legal requirements.

#### Preventing and controlling infection

- There were infection control procedures in place and regular cleaning undertaken throughout the home. Staff used personal protective equipment appropriately when delivering personal care to people.
- The home was clean and there were no malodours.

#### Learning lessons when things go wrong

- The manager and provider had identified where improvements were needed and developed an action plan to ensure people had positive outcomes in relation to their care and experiences. The manager told us that new people had not recently been admitted to the home as they wanted to ensure good practices and procedures within the home.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed prior to moving into the home to establish if people's needs could be met. There had been no new recent admissions to the home as the provider was making improvements to the home and how care was provided.
- Care plans had been reviewed to ensure people's needs were clearly recorded and reflected how they wanted to receive their care.
- The care plans had been developed for each identified need and staff had guidance on how to meet those needs in line with best practice research. This helped to ensure people's changing needs were identified and managed.

Staff support: induction, training, skills and experience

- Staff were supported to learn new skills and update their knowledge to ensure they knew how to care for and support people.
- Staff had received necessary training to provide them with the skills they needed to provide people's care and support. This included an induction to the home, safe moving and handling training, dementia awareness, fire safety and safeguarding people. Staff spoke enthusiastically about the training provided.
- Staff received support to assist them to develop in their roles, including one to one supervision and appraisals. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

Supporting people to eat and drink enough to maintain a balanced diet

- People had an initial nutritional assessment completed on admission and their preferences were recorded. A range of different meals were served and people were shown each meal when seated at the table, so they could see, smell or taste the different foods. One relative told us "The food is smashing, I have eaten here."
- The meal time experience had been reviewed and some people now ate their meals in the coffee bar. Staff explained this encouraged people to move out of the lounge and experience the meals with different people in a different setting.
- People were encouraged to be independent throughout the meal and adapted equipment and utensils were available.
- People's weight was monitored and where concerns were identified referrals were made to health professionals to ensure people had meals prepared safely.
- Where people had a softened diet, this was presented attractively on the plate and each food was served separately to ensure people could still taste each different food product.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met in a timely way and they had access to health care and social care professionals when necessary.
- Referrals were made to health and social care specialists as needed and there were regular visits to the home from dietitians, opticians and chiropodists.
- The provider had organised a dental technician to visit people and carry out dental examination and oral checks including reviewing mouth care where necessary. Where further dental work was required, referrals were made to a dentist to ensure people's dental and oral hygiene.

Adapting service, design, decoration to meet people's needs

- There was an on-going refurbishment programme in place to improve the environment for people. Consideration had been given to decorating the home with pictures of local places of interest and of pictures that interested people.
- Bedroom doors had people's names and a significant photograph of themselves, a family memory or a pet. Some of the photographs were when people were younger as staff recognised people living with dementia may recognise themselves when younger.
- Each bedroom had a memory box and we saw these were filled with personalised items to help people to identify their bedroom.
- The home had wide corridors and large rooms which meant there was enough room for people to move around safely with their mobility aids.
- There was large dementia friendly signage around the home to help people to move around to different areas in the home.
- There were three lounges and dining areas, a reminiscence room and a sensory room that people could use. There were no restrictions on accessing these areas or the internal garden.
- There were regular health and safety checks in place to ensure all the equipment staff used to support people was safe and in full working order.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments had been completed where it had been identified that people may lack capacity to make particular decisions.
- Best interest decisions had been made with people who were important to the person. For example, where people were not able to consent to their care and support, a best interest decision had been made to identify whether the agreed plan was suitable and whether monitoring equipment to detect where people

may have fallen should be used.

- Some people had restrictions placed on them as they could not leave the home without support or needed intervention to remain safe in the home. Applications had been made to lawfully restrict their liberty and staff understood their role in relation to any restriction. They told us that whilst waiting for the authorisation to be assessed, they had considered how to keep the person safe and this was recorded in their care plan.
- People were still supported to have as much choice and control as they were able to in all other areas of their daily life and we saw and heard staff ask people how they wanted to be supported and how to spend their time.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with kindness and compassion and caring relationships had developed with staff. One person told us, "I like it very much here. The staff are smashing, and they never refuse to do anything." One relative told us, "The care staff are absolutely superb. You wouldn't find a better team than here." Another relative told us, "I know the staff care about [Name] because of how they talk to me. They know them well and will smile and give them a hug. The staff are terrific."
- Interactions between people and staff were positive and respectful. There was sociable conversation taking place; staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. When staff passed by people in corridors they always spoke with them and waited for a response.
- Staff orientated people to time and place, by reminders of the day and time and visual information was displayed to help people to know the date and time.
- People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were helped to dress in their personal style.
- Staff were respectful when talking with people and used their preferred names.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their care and how they spent their time.
- Staff understood that others could be important to supporting people to make decisions. One relative told us, "I have Lasting Power of Attorney and we make Best Interest decisions."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people discretely about their care needs and knocked on people's doors and waited before entering.
- When any treatment was needed, for example checking their blood pressure, people were asked whether they wanted to go to their bedroom or could stay in the lounge and a privacy curtain was used whilst any treatment was given.
- People and relatives felt they were well cared for and treated with respect and dignity, and had their independence promoted. Staff understood the principles of privacy and dignity and had received relevant training.
- Visitors were welcomed and there were no restrictions. Family and friends continued to play an important role in people's lives and could assist in providing their support. One relative told us, "I visited many homes and this one was outstanding because it is purpose built, there is always access to the gardens which are secure; I can visit when I want to."

- Family were invited to join people for meals or activities and to continue to share experiences.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

On our last inspection we found the provider needed to make improvements as staff did not always observe or respond in a timely manner when people needed assistance. On this inspection we found improvements had been made.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were attentive and anticipated people's requests and provided support when then they needed this. Staff told us they knew people well and understood how they needed to look at non-verbal communication to help understand how people were communicating.
- The provider employed staff to specifically support people to engage with activities that interested them. We saw they were present throughout the day interacting with people.
- Staff knew people's histories and provided personalised support to enable people to continue to engage with activities that interested them. One member of staff told us, "We get to know people and understand what is important to them we can provide better care."
- There was regular involvement in activities and the provider employed specific activity co-ordinators. We saw a varied range of activities on offer including individual and group music therapy. People's care plans had been developed to include information about the music they liked, and the therapist understood the research about the benefits of music therapy.
- The provider had a resident chaplain who conducted a full service which readings and hymns. Staff and people participated in the service and people began to smile when familiar songs were played.
- The chaplain also spent time with people individually and used information about their beliefs and important events to support people to express themselves.
- The staff recognised that people may choose to practice other faiths and the chaplain liaised with different heads of faith within the local community to ensure people could continue to practice their religious beliefs.
- Staff understood the benefits of doll therapy and some people had a cuddly toy or doll which they looked after and spoke with. Staff spoke respectfully about the toy and understood it's important to people.
- People's care plans were reviewed to reflect any changes and there was a staff handover to ensure important information was passed to each staff team.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person in the manner that best suited their needs. We saw staff bent down to be at eye level with whoever they spoke with and listened to what people had to say.
- There was clear signage throughout the building so that communal areas, bathrooms and people's bedrooms were easily identifiable for people and their visitors.
- Information about the service and their care plans could be provided in different formats to support understanding.

#### Improving care quality in response to complaints or concerns

- The staff listened to people and they responded to their needs and concerns. A relative told us, "I have no concerns about anything, but would not hesitate to say something if I wasn't happy". Another relative said, "They are very good, they always keep me informed about how [Name] and how they are doing. I've no concerns, I'm very happy with everything."
- Where people had raised concerns, information showed how people's complaints had been investigated and the outcome. One member of staff told us, "Every complaint is an opportunity to improve. It's important we listen."

#### End of life care and support

- There was no person receiving end of life care although staff explained that people were able to stay at the home and receive end of life care.
- Where people had expressed preferences regarding support towards the end of their life or any funeral arrangements, this was recorded in their care plan.
- Staff explained that action was taken to keep people as comfortable as possible and arrangements were made to ensure they had medicines for pain relief.

# 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 Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager; however, they were currently not working within the service and the deputy manager was working as the manager. Staff felt they received supervision from the nursing team and manager who were available to provide support.
- Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. We saw that the nurses were knowledgeable about the people they were caring for and were able to feedback on all clinical issues. Staff commented that they all worked together and approached concerns as a team.
- Staff meetings were organised to enable staff to discuss important issues, raise concerns and act as an opportunity to develop and maintain relationships.
- Accidents and incidents were reported, monitored and patterns were analysed, so measures could be put in place when needed.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy.
- The provider undertook quality assurance audits and demonstrated improvements had been made within the service.
- Medicines management was reviewed and audited to ensure safe practices and that people received their medicines as prescribed.
- Quality assurance reviews were completed for the health and safety of people and staff and for the environment. The information gathered from monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

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

- There had been changes within in home in relation to how the service was managed and how support was provided. Staff were involved with discussions about the development of the service and attended house meetings to ensure information was shared. Staff felt informed and engaged.
- There were opportunities for people and their representatives to share their views about the quality of the service provided through a survey. Responses viewed from recent surveys were positive and information was displayed in the home along with comments made on websites.



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; Working in partnership with others

- The provider had developed an action plan of how the service needed to develop and had made the decision not to admit new people into the home until the necessary developments had been achieved. The management team were positive about the improvements within the service and welcomed external auditing to recognise improvements. This was currently being reviewed.
- Up to date specific information was also made available for staff, including guidance around moving and handling techniques, skin care, and updates from the Nursing and Midwifery Council in respect to new codes of practice.
- We saw that the staff liaised with the Local Authority and Clinical Commissioning Group in order to share information.