

Devon County Council

Mapleton

Inspection report

Ashburton Road
Newton Abbot
Devon
TQ12 1RB

Tel: 01626353261
Website: www.devon.gov.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mapleton is a residential care home providing personal care for up to 20 people. The service provides support to older people, including people living with a diagnosis of dementia and people with a learning disability. At the time of our inspection there were 15 people using the service. Mapleton has secure accommodation over two floors. People living at the service long term live on the ground floor. The first floor has been developed to be used as a short stay assessment unit to support people, who may have complex needs, moving from hospital to a longer-term setting. Both floors have kitchen, lounge and dining space and access to outside space. People's bedrooms are en-suite and all rooms have ceiling track hoists.

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

The management team had addressed the concerns identified at the last inspection and were continuing to drive service improvement. They had created a culture which was person-centred, open, inclusive and empowering. A relative told us, "There were a few issues previously, but the management has changed completely since [family member] has been there and it seems well managed now. The staff seem happy. The home feels nice, homely and comfortable."

There was a robust and effective quality assurance programme in place. People, relatives and staff were consulted and asked for their views. This enabled the provider and registered manager to identify issues and take prompt action to address them.

People felt safe living at Mapleton. They were supported by a stable and consistent staff team who knew them well. We saw kind and caring interactions during the inspection.

The provider and registered manager used a dependency tool to ensure there were sufficient numbers of staff deployed to meet the needs of the people at the service. Staff were recruited and selected safely.

New staff completed a thorough induction and received the training and supervision necessary to carry out their roles. There was a culture of continued learning and reflection. Staff told us, "If you make mistakes, they don't come down on you like a ton of bricks. They ask what support you need to move forward. To reflect and learn from it."

Risks to people's health and well-being were assessed and reviewed appropriately. There was clear guidance in place for staff to follow. Staff worked closely with a range of external health and social care professionals to meet people's needs and help them work towards their goals.

Measures were in place to prevent the spread of infection, and safety checks on the environment were in place and robust. Medicines were safely managed. Incidents and accidents were appropriately recorded and analysed for patterns and trends. Safeguarding processes were in place to help protect people from abuse.

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.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider consider using a dependency tool to ensure staffing levels reflect peoples' level of care and support needs. At this inspection we found the provider had acted on this recommendation and made improvements to how staff were deployed.

Why we inspected

We carried out an unannounced focused inspection of this service on 19 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their support of people in line with The Mental Capacity Act 2005, and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. 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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mapleton on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Is the service effective?

Good ●

The service was effective

Is the service well-led?

Good ●

The service is well led

Mapleton

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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mapleton is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mapleton is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before inspection

We reviewed information we had 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 7 relatives about their experience of the care provided. We spoke with 8 members of staff including the providers representative, registered manager, deputy manager, team leaders, care staff and cook. We reviewed a range of records. This included 6 people's care records and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider consider using a dependency tool to ensure staffing levels reflect peoples' level of care and support needs. The provider had made improvements to staff deployment.

- There were enough staff to support people safely and meet their needs. A relative told us, "Staff will sit and talk to her and hold her hand. They have time. She loves them."
- The provider and registered manager used a dependency tool to ensure there were enough staff deployed to meet the needs of the people at the service. They had addressed previous difficulties related to staffing and staff sickness. This had a positive impact on staffing at the service and agency usage had decreased. Call bell response times were monitored and showed call bells were answered promptly.
- People received support from a consistent and long-standing staff team. This meant people were able to build trusting relationships with staff who knew their needs. A relative told us their family member "can't talk in a conversation anymore. He loves all the staff; they are mostly the same staff with a few new ones in recent months."
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they liked living at Mapleton. We observed they were comfortable and relaxed with care staff who supported them. Relatives commented, "Absolutely (family member is safe). I go in often and there's always a presence of staff. They are very attentive, and the security is tip top" and, "(Family member) is happy and the staff are lovely and caring. They have looked after her very, very well."
- Staff received training in safeguarding. They understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. One member of staff described how they had recognised that a person was vulnerable when they had moved into the home and taken the action necessary to safeguard them.
- Minutes of staff meetings showed staff were made aware of the whistle-blowing policy and encouraged to speak out if they had concerns.
- There were systems and processes in place at the home to ensure people were protected from harm. The provider had responded promptly and in detail to safeguarding concerns raised, working with the local

authority and other external agencies to keep people safe.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and reviewed at least monthly, to ensure they remained up to date and accurate. Assessments had been completed for a range of risks including falls, skin care, nutrition and choking.
- Care plans guided staff to mitigate risks while promoting independence as far as possible. For example, one person at risk of malnutrition was offered finger foods as they found it easier to eat with their hands. This helped them to maintain their independence.
- Staff knew people well. They told us risk assessments and care plans gave them a good understanding of people's needs and risks and enabled them to provide safe care.
- Relatives were confident any risks to their family member were managed well, while their independence was promoted. They told us, "The home made me aware of the risk (of falls) and about aids to help. For instance, they will put a sensor mat by the bed if she starts to get up at night. They encourage her to be independent."
- There were effective information sharing/handover systems in place to ensure staff were kept up to date with any changes in people's needs.
- A 'protocol folder' for team leaders contained detailed information. This related to a range of topics, for example stoma care; missing persons and medication errors. New topics were added when requested by staff. The registered manager told us this ensured a consistent approach, important as the majority of staff were part time and needed easy access to practice guidance when required.
- The environment was safe. Routine safety checks were completed to ensure the premises and equipment were safe and well maintained. Emergency plans were in place.
- The service worked in partnership with external professionals, such as social care professionals, community nurses and GPs to support and maintain people's long-term health and well-being.
- There were governance systems which ensured the environment and equipment were effectively maintained. Checks included, hot water temperatures, fire safety, window restrictors and equipment to aid people's independence.

Using medicines safely

- People received their prescribed medicines in a safe way. This was confirmed in feedback from relatives. Comments included, "[Family member] is on a fair bit of medication and it's all good. If we take her home for a few hours the staff check to make sure she has her medication" and, "The medication is managed well. Yes, definitely the staff are well trained."
- Medicines were safely stored, recorded and administered by suitably trained and competent staff.
- Staff received the training necessary to administer medicines safely, and their continued competence was regularly checked.
- The management team carried out regular checks and audits to make sure safe medicine practices were followed. External audits were also completed.
- The findings from the audits and actions required were shared with the whole staff team. Group supervisions were used to reflect on and learn from any medication errors.

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 supporting people living at the service to minimise the spread of infection.

- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- There was a culture of reflection and learning at Mapleton. Staff told us, "If you make mistakes, they don't come down on you like a ton of bricks. They ask what support you need to move forward. To reflect and learn from it. "
- Staff knew how to deal with accidents and incidents, what action to take and how they should be recorded. Accidents and incidents were analysed by the provider to identify any patterns or trends, or further action needed.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

At our last inspection the provider had failed to consistently support people in line with the MCA. This is a breach of regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent). Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Decisions were made appropriately in people's best interests. Deprivations of liberty were referred for assessment and authorisation. There were systems in place to review DoLS referrals monthly to check they had been completed when necessary, and for every new person moving into Mapleton. This ensured people's rights were protected.
- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control. Staff told us, "People's progression is amazing. They can be so frail and need a lot of help when they come in. They can get out of the habit of making their own drinks. I like to promote their independence and choices."
- Staff completed training in MCA, and their knowledge was refreshed at staff meetings and in supervision.

Staff support: induction, training, skills and experience

- At our last inspection we found staff training was not always kept up to date and new staff had not always been well supported during their induction. This was no longer the case.

- New staff undertook a 5-month induction, which included shadowing established members of the staff team, and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported and prompted to keep their training, knowledge and skills up to date. The provider's 'performance management' process was utilised where improvement was needed. Staff could access the provider's mandatory training via computers on site and a laptop they could take home. Training time was paid and was a mixture of online and face to face training.
- Staff received regular supervision, both individually and as a group. The registered manager told us group supervision was an effective tool for reinforcing learning, especially when there had been concerns about practice, for example related to medicines administration and moving and handling.

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

- Prior to people using the service detailed assessments of their needs were carried out with them, their advocates where appropriate, and other professionals. This enabled the service to determine the level of support the person needed, and whether their needs and preferences could be met.
- The initial assessment informed the development of individual risk assessments, care plans and goals. Some people moved into the service on a permanent basis. Others were funded for an initial 28 day stay, where, with the support of a multi-disciplinary team, they could work towards returning home with a package of care or move into residential care permanently.

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

- People had a varied and balanced diet, and specialist diets were catered for.
- Menus reflected the foods seasonally available, and people's views were sought and taken into account. They could choose from a range of options on a daily basis, and staff supported them in line with their communication needs. One member of staff described using cards and pictures or showing people the different soups that were available. This helped people make an informed choice.
- Staff knew about people's individual dietary preferences and needs, and any support they needed with eating and drinking. This information was easily accessible on the electronic care planning system and kept up to date. A relative said, "The meals are really good, the menu, the variety. One day she was not feeling herself and they rustled up some sandwiches and a cup of tea later and she ate them. It was something she really liked. It was thoughtful."
- The cook received detailed and up to date information concerning any individual risks and how food should be prepared to minimise them, for example related to malnutrition, choking or diabetes.
- People's hydration was promoted, and fluid intake documented. Drinks were available and offered throughout the day.
- People's weight and nutritional intake were monitored by staff; and relevant healthcare professionals involved if required.

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

- Staff worked closely with external health and social care professionals to assess and meet people's needs and help them work towards their goals. A health professional told us, "They are a caring, professional and trustworthy team at Mapleton. I feel that the caring team identify appropriate medical concerns. They regularly send in information to the GP Surgery in regard to residents' weights and nutritional needs. They interact appropriately with the community team of District Nurses, Intermediate Care Team and Community Mental health and social care team."
- Weekly multi-disciplinary team meetings were held with a range of professionals. GPs attended the home

every Saturday for face-to-face consultations. This ensured people were referred promptly for support where required and their needs addressed.

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

- People's care and support was provided in a safe, clean, well and well-maintained environment
- The environment was comfortable and homely, with a kitchen adjoining the communal area where people could make drinks and snacks. People told us they enjoyed relaxing in the lounge and watching their favourite films.
- The environment promoted the independence of people living with dementia. There was clear pictorial signage throughout. This enabled people to retain their independence, without being reliant on others to find their way around the home.

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 our last inspection we rated this key question requires improvement At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure quality assurance systems were operated effectively. This is a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider now had an effective quality assurance programme to monitor the quality and safety of the service. A wide range of audits were completed on a regular basis, looking at all aspects of service provision. The registered manager completed the provider's monthly audit tool. 'Walk arounds' were completed by the deputy manager and team leaders, which were an opportunity to observe the day to day running of the home. Staff practice was monitored through observation and competency checks. The provider's representative had oversight of all governance processes and completed a 3 monthly quality check of the service. Any issues identified were discussed with the staff team and action was taken to address any failings or concerns. A service improvement plan was in place, with clarity about required actions, timescales and responsibilities.
- A 'resident of the day' programme meant every person had a comprehensive review of their support and environment on a regular basis. This included a review of care plans, risk assessments, medications, weight and nutrition, a maintenance inspection and a deep clean of their room,
- There was an effective staffing structure in place with clear lines of monitoring and accountability. Staff had a good understanding of their job roles and expectations. Monthly meetings were held with every department which ensured staff were kept up to date with any changes or developments at the service.
- The registered manager was well supported by the provider, receiving monthly supervision and attending meetings with other managers from the provider's services. This meant they could share good practice and learn from each other.
- The management team was proactive in identifying where learning was required, and care could be improved. For example, they had discussed the findings of the last inspection with the staff team, identifying the areas requiring improvement.

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

At our last inspection the provider had failed to submit notifications in line with legal requirements. This is a breach of regulation 18, Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service's policies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure the culture was person-centred, open, inclusive and empowering. This is a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Relatives spoke highly of the service. They told us, "I have nothing but praise for the care. The home has changed immeasurably since the current management team took over" and, "There were a few issues previously, but the management has changed completely since [family member] has been there and it seems well managed now. The staff seem happy. The home feels nice, homely and comfortable."
- Staff were positive about the culture created by the management team. Comments included, "The registered manager and deputy manager are a lovely team. Right away they were so focused on making everything really nice. They want the best for everybody" and, "You can approach them with any concerns."
- Staff told us how much they enjoyed coming to work and valued their work colleagues. One member of staff said, "We have a very knowledgeable staff team. We share knowledge and ideas. Everybody has different skills to bring."
- The management team recognised the importance of gathering people's views to improve the quality and safety of the service, and the care being provided. Satisfaction surveys were used to request feedback from people, their advocates and staff. People were invited to put any suggestions in a 'suggestions box' in the reception area. Monthly feedback was gathered during phone calls with relatives. A 'residents and families' meeting was held every 6 months. Action plans were developed in response to feedback given.
- Relatives were consulted and kept informed about the well-being of their family member. They told us, "The home phones regularly with updates and information and anything at all that happens" and, "[Family member] has a problem with eating. The deputy manager has rung to discuss this, and I've made suggestions. They've been responsive."
- Regular staff and management meetings were held to keep everyone informed and up to date with developments and provided an opportunity for staff to contribute ideas about the running of the service.
- People's equality, diversity and human rights were respected. There was a focus on person centred care which reflected each person's individual needs and preferences. For example, one person with a learning disability had been able to resume community trips with their trusted support worker, from before they moved to Mapleton. They told us they were very happy about this.

Continuous learning and improving care; Working in partnership with others

- There was a focus on continuous learning at the service. 'Champion roles' were being developed among

the staff team to promote learning and ensure staff were well informed. Staff told us, "The management team are amazing. They help the staff to progress, to think for themselves. And to progress further in their careers. I have just finished a vocational qualification."

- The registered manager was committed to improving their knowledge, learning about best practice and sharing this with staff. They were in the process of completing an advanced health and social care management qualification and belonged to an online forum where managers could communicate and share ideas. They had analysed published inspection reports from other services with staff, to identify poor and positive practice and compare this to the practice at Mapleton. This had helped drive improvement at the service.