

Care Expertise Group Limited

Maple Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Maple Manor Nursing Home is registered to accommodate up to 16 people in one adapted building. People living at the service had a learning disability and or autism or mental health needs. At the time of our inspection, 15 people were living at the service. Accommodation is provided over two floors and a stair chair lift is available.

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

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Improvements were required in how people were involved in their care and treatment that maximised their choice, control and independence. People did not receive consistent person-centred care that promoted their dignity and human rights. Whilst the atmosphere was more positive and opportunities of meaningful activities increased, further improvements were required. Action by the management team to further develop staff values, attitudes and behaviours were required. Staff also needed to take responsibility and be accountable for their roles and responsibilities.

Staff guidance, training and development in how to meet people's individual care and treatment needs were required. This included enhancing staff's skills and understanding in how to meet behaviours that could be challenging. Improvements were required to incident management including the recording, analysis and learning from incidents.

Reviews of people's support plans and risk assessments to ensure guidance for staff was up to date and reflective of current care needs needed further work.

Overall, improvements had been made to medicines management and infection prevention and control. Some ongoing improvements were required to ensure best practice guidance was followed.

The provider's systems and processes used to monitor quality and safety needed further review and improvements to ensure they were sufficiently robust and effective. New and improved communication systems were being developed.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 1 December 2020). The service remains rated requires improvement. The last comprehensive inspection rating for this service under the provider's previous name of the service (Sycamore Lodge) was Good (published 3 November 2017).

Why we inspected

We received ongoing concerns about the safe care and treatment of people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We carried out an unannounced focussed inspection of this service on 2 November 2020. Two 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 Regulation 12 Safe care and treatment and Regulation 17 Good governance.

This focused inspection checked they had followed their action plan and to confirm they now met legal requirements. We found the provider had not met their action plan and improvements were still ongoing.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to continue to make improvements. Please see the Safe and Well-led sections of this full report. Following feedback with the provider about the inspection findings, they took some action to mitigate risks.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to Regulation 12 Safe care and treatment and Regulation 17 Good governance. Continued improvements to people's care records, risk assessments and how behaviours that were challenging were managed. Staff required further support and training to develop their skills and knowledge. Improvements were required with communication systems and in the monitoring tools used to assess and review health and safety. Where improvements had been made these needed to become fully embedded.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not always well-led.

Details are in our well-Led findings below.

Maple Manor Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. Since the last inspection the registered manager had left and the current manager commenced in February 2021 and they were in the process of submitting their registered manager application. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced and we checked the current Covid-19 status for people and staff in the service on arrival. The second inspection day was announced.

What we did

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

During the inspection, we spoke with one person who used the service. We also observed staff interacting with people. We spoke with the manager, the quality assurance manager, the trainer, an agency nurse and permanent nurse, the cook, a domestic and ten support workers. We reviewed a range of records. This included in part, seven people's care records. We looked at two staff files and four agency staff profiles in relation to recruitment, and a variety of records relating to the management of the service, including incident records and analysis.

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



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection, the provider had failed to ensure people's individual risks were effectively assessed. This included providing staff with clear guidance, support and training in meeting people's needs associated with their behaviour. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we identified further improvements were required with this regulation.

- Risk assessments did not accurately reflect people's current health care needs. A person's risk assessments and support plans had been updated in April 2021 by the manager. This person's physical needs had changed, and they were no longer mobile. However, care records did not consistently reflect this and indicated the person was still independently mobile. This put the person at risk of inconsistent or unsafe support.
- At the last inspection, we identified there was a lack of staff guidance of what proactive strategies should be used to reduce behaviours from occurring and escalating. Reactive strategies also lacked detailed guidance for staff. At this inspection, behavioural support plans continued to lack guidance and detail to enable staff to provide safe and effective care.
- Staff repeatedly raised concerns about the lack of guidance, training and support in meeting people's behavioural needs. From discussion with staff we concluded they were not fully confident, skilled or knowledgeable in how to respond to behaviours that were challenging.
- Behavioural incident records and ABC records used to record the antecedent, behaviour and consequence of an incident, were not sufficiently detailed or of a good quality. This impacted on learning and mitigation of future risks.
- The March 2021 incident analysis lacked detailed information. The manager agreed and showed us a new and improved monthly analysis tool. However, at the time of the inspection they had not reviewed April's 2021 incidents. We were therefore unable to make an informed judgement on the effectiveness of the improved tool. It is a concern that incident analysis had not been given priority due to the safeguarding incidents that had occurred during April 2021.
- Personal emergency evacuation plans (PEEP) did not reflect accurately people's current support needs. Neither did they include what fire equipment was required such as an evacuation chair or evacuation mat. Two PEEP's had the person's initials and no photograph. This put people at increased risk of not being safely evacuated when required.

People's individual risks were not effectively assessed. Staff were not provided with up to date guidance and support in meeting people's health and behavioural needs. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Some improvements had been made in how safeguarding incidents were reported and acted upon. However, staff were continuing to not consistently follow the provider's safeguarding and internal whistleblowing procedures. Such as informing the management of safeguarding allegations or concerns. The management team were aware of this and had taken action to further support staff.
- At the time of the inspection, the local authority were investigating safeguarding incidents. We will review the outcome of these and if any recommendations are made, we will follow this up with the provider.
- A person told us how they found the environment to be too noisy at times, but they said they felt safe living at the service. Relatives raised no concerns about abuse or discrimination. When incidents had occurred, relatives told us they had been informed. One relative said about the new manager and their response to incidents. "The manager has been spot on, I was really impressed. I can't fault them on anything."

Staffing and recruitment

- Since the last inspection, night time staffing levels had increased. However, a further review was required to ensure in the event people needed to be evacuated, there was sufficient staff available to do this safely. We discussed this with the manager.
- Overall staff reported day time staffing levels were sufficient but raised concerns about the continued use of agency staff. During both days of our inspection, high numbers of agency staff were used. The manager told us, and agency staff confirmed, in the main regular agency staff were used for consistency and continuity.
- Where people received funding for additional staff support, we saw this was provided.
- The provider was actively recruiting additional support workers, a deputy manager and nursing staff.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.
- A person spoke positively about the staff. Relatives raised some concerns about the continued use of agency staff.

Using medicines safely

- The local clinical commissioning group completed an audit visit in April 2021. During this visit shortfalls in best practice guidance in the management of medicines were found. Following this, the provider developed an action plan detailing what improvements were required.
- At this inspection, we found medicines were managed safely. Procedures for ordering, storing and returning unused medicines followed best practice guidance, and improvements were being made to the clinic room. However, PRN protocols for medicines prescribed as required had been archived. This put people at risk of not receiving their PRN medicines when they needed them. We discussed this with the manager and nurse on duty who agreed to take action.

Preventing and controlling infection

- We completed an infection prevention and control inspection in February 2021. This identified improvements were required in cleaning and hygiene procedures and some equipment and furnishings needed replacing.
- At this inspection, new shower chairs, clinical waste bins and lounge seating had been replaced. New dining chairs had been ordered. Some improvements had been made to cleaning, but further action was

required to the cleaning schedule, monitoring and oversight.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.

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 Requires Improvement. At this inspection, this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

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

At this inspection, we identified further improvements were required with this regulation.

- Action to drive forward improvements had been slow and the new manager who commenced in February 2021, had been the main instigator in making the improvements. Oversight by senior managers had not been robust and this had had a negative impact.
- Systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people were not comprehensive. Oversight and monitoring by both the service manager and quality assurance manager had been ineffective. The provider had failed to take action to address known issues in a timely manner.
- Support plans and risk assessments had not been sufficiently monitored and reviewed, to ensure staff had up to date guidance. This put people at risk of receiving inconsistent and unsafe care and treatment.
- There had been an over reliance upon external agencies to identify risks to health and safety. The clinical commissioning audit visits completed on 14 and 28 April 2021, found widespread shortfalls in quality and safety that evidenced risks had not been effectively assessed and mitigated. This included risks in relation to fire safety. It is a concern that internal audits and checks did not identify these required actions.
- Checks on health and safety were not robust. The provider had failed to ensure accurate and up to date records were maintained and risks monitored. This included checks on water temperature checks. Whilst the domestic told us they cleaned and descaled shower heads this was not recorded. It was also not clear what the arrangements were for checking bed mattresses, sensor equipment and moving and handling equipment. The lack of robust and effective internal maintenance checks of health and safety put service users at potential risk of harm.
- Staff competency, skills and experience continued to be a concern and had not been effectively monitored. Staff repeatedly told us they did not feel sufficiently confident and trained to meet people's behavioural needs. This put people at risk of receiving care from staff insufficiently equipped to meet their individual care needs and impacted on them achieving positive outcomes.

The provider's systems and processes used to monitor the quality and safety of the service continued to be

ineffective and put people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Overall, feedback from staff about the leadership of the service had improved since our last inspection. Positive comments were made about the action and improvements being made. A staff member said, "The management team are more interactive, they involve us, they are trying to develop us, I feel much happier."
- Whilst there continued to be some concerns regarding staff culture, the provider had taken action to try and make improvements and acknowledged this was work in progress.
- Improvements were being made to people's mealtime experience. This included utilising the space available to create a more relaxed atmosphere.
- Relatives told us they felt some improvements had been made and suggested communication was an area for further improvement.

Working in partnership with others

- The management team was working positively with external health and social care professionals in making improvements at the service. This included being reactive to issues, concerns or shortfalls identified by external audits.
- Referrals were made to external health care professional for guidance and support in meeting people's health care needs.

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

- The manager was open and transparent and investigated concerns or complaints received.
- Relatives overall were positive about the care and treatment their family member received. They were concerned about another change of manager and felt communication could be improved upon.
- The provider was meeting their registration regulatory requirements in informing CQC of notifiable incidents as required by law to enable monitoring of the service. The provider's inspection ratings were displayed as required.
- Since our last inspection a staff feedback survey had been sent to all staff and the findings were due to be analysed. Staff meetings were being improved upon and senior managers and leaders had attended staff meetings and had made themselves available to staff.
- Quality assurance survey's and meetings for people and relatives to discuss improvements and developments were being planned.
- Improvements to staff training, supervision and appraisal meetings were being developed. Staff meetings and daily handover meetings were also being improved upon to ensure they were more effective.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | The provider had failed to effectively assess and mitigate risk to ensure people receive safe care and treatment, this put people at increased risk of harm. Regulation 12 (1) (2) (a) (b) |

The enforcement action we took:

Warning Notice

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service. This placed people at risk of harm. Regulation 17 (1) (2) |

The enforcement action we took:

Warning Notice