

Devon County Council

Mapleton

Inspection report

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Date of inspection visit:
23 March 2019

Date of publication:
09 April 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: We carried out an unannounced comprehensive inspection of Mapleton on 23 March 2019. Mapleton is a 'care home' that provides care for a maximum of 20 older people, all who are living with a diagnosis of dementia. At the time of the inspection 15 people were using the service.

People's experience of using this service:

People were not all able to tell us verbally about their experience of living there. Therefore, we observed the interactions between people and the staff supporting them.

The management team and staff knew people well and understood their likes and preferences and health needs. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were welcome at any time and any concerns were listened and responded to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. People were observed to have good relationships with the staff team. Staff actively encouraged people to maintain links with the local community, their friends and family.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for social interaction and activity with staff. Staff knew how to keep people safe from harm.

People's care was individualised and focused on promoting their independence as well as their physical and mental well-being. Care was planned to meet people's needs and preferences. The registered manager supported people as much as they were able to be involved in the development of care plans and any reviews.

The environment was safe and people had access to equipment where needed. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People were involved in meal planning as much as they were able to. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.

The registered manager and management team worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff told us they were approachable and that

they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

Rating at last inspection:

Good (report was published 22 September 2016)

Why we inspected:

This inspection was a scheduled comprehensive inspection based on the previous rating.

Follow up: ongoing monitoring; possibly more about how we will follow up.

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

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.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people living with dementia.

Service and service type: Mapleton 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the records held on the service. This included previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We used all this information to support our planning of the inspection.

During the inspection we spoke with three people and three relatives. We looked around the premises and observed staff interacting with people. We also spoke with the registered manager, the cook and six other

members of staff.

We looked at four computerised care plans in detail. We reviewed four staff files and the training records held for four staff. We also reviewed four people's Medicine Administration Records (MARs), staff duty rosters, and other records relating to the running of the service.

Is the service safe?

Our findings

Safe - this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff meetings were used to remind staff of safeguarding processes.
- Relatives felt their loved ones were safe and one said; ""It's a great place. I'm very lucky to have him here.""
- There were processes in place to undertake risk assessments and identify the potential risk of accidents and to mitigate those risks through regular review.

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.
- Staff understood the support people required to reduce the risk of avoidable harm.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff to identify indicators, so they could respond quickly.

Staffing and recruitment

- Staff had been recruited safely. All required pre-employment checks had been carried out including disclosure and barring service [DBS] checks, and getting references from previous employers.
- Staffing levels were sufficient to ensure people's needs could be met. Staff confirmed additional staff employed meant staffing levels had increased to meet the needs of people currently using the service. However, the high use of agency staff concerned staff. The registered manager confirmed additional staff were being employed.

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- People's medicines were safely received and stored. Medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff who administered medicines did so at the prescribed time and had received the necessary training to support their responsibilities in dispensing medicines.
- There were reporting systems for any incidents or errors and we saw that these were investigated, and

actions put in place to try to prevent them happening again.

Preventing and controlling infection

- Staff followed infection control policies and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. Staff confirmed they had the training and equipment they needed to keep the service clean and hygienic.
- The premises were clean and free from malodours.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The staff always reviewed risk assessments and care plans following accident or incidents to mitigate the risks of it occurring again.

Is the service effective?

Our findings

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

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.

- People's individual health needs were assessed before they came to live at the service. Assessments were comprehensive, and people's individual care and support needs were regularly reviewed and updated.
- Care records were regularly reviewed and updated when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff felt well supported. They were provided with regular support from the registered manager to discuss their further development. Comments included, "Very hot on training" and "They have an open-door policy and I can discuss anything."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- A GP visited regularly to ensure that changes to people's needs were managed effectively.
- Referrals were made promptly to external professionals and people's care plans were updated as required.

Supporting people to eat and drink enough with choice in a balanced diet

- We observed staff supported people with their meals, where required, with a sensitive respectful approach. People told us meals were of a good standard and choices were offered every day. One person told us; "I really like the food – can't think of what my favourite is off the top of my head."
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be prepared differently to minimise the risk of choking.
- If people were at risk of declining health due to poor food and drink intake staff closely monitored what they ate and drank and recorded this on food and fluid records.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations.

- Where people required support from external healthcare services this was arranged and staff followed guidance provided by those professionals.
- People were encouraged to stay healthy. Staff supported people to continue to mobilise independently.
- The management team engaged with other organisations to help provide consistent care.

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

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. The lounges and dining areas were popular places for people to mix and chat.
- Peoples rooms were personalised with items of furniture or ornaments.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were completed appropriately.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were asked for their consent before any care was delivered. People who could had signed their care plans to indicate they were in agreement with their planned delivery of care.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Care records reflected important information in relation to each person's dignity and privacy. It was clear care records and the attitude of staff was to ensure support given to people who lived at Mapleton was personalised.
- Staff were kind and patient with people. They had time to sit with them and actively listen to them.
- Staff had background information about people's personal history. This meant they were able to gain an understanding of people and engage in meaningful conversations with them. A staff member told us, "If people are happy then I'm happy. That's all part of the job."
- Where people were unable to communicate their needs and choices, staff understood their individual ways of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- People's personal choices, relationships with friends and families were valued and respected. Relative spoken with said their loved ones were well cared for.

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

- Where possible people were involved in developing their personal care plans. Where it was not possible staff were supported by family to help with the information needed to inform decisions.
- Care staff were observed giving people time to think when staff asked a question, so they had time to process the information and form a reply.
- Where people needed independent support, staff signposted people and their relatives to sources of advice, including advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's choices around privacy and dignity. For example, people had their bedroom doors closed if they chose to and staff told us their relatives were offered private space to visit them.
- People's personal beliefs were known and respected. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were supported in a dignified and respectful manner. One person became anxious. Staff were discreet when supporting them, offering gentle reassurance without drawing unnecessary attention to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records were developed which reflected people's individual needs across a range of areas. These were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time and what their likes and dislikes were. People told us staff were supportive.
- Staff supported people to take part in a broad range of activities. Staff confirmed outside entertainers visited the service.
- Care plans included details for staff about the support each person needed. For example, how to effectively respond to a person who could become confused and resistant to care at times but responded well to one to one interaction with staff.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. Complaints made were documented, listened to and acted upon. Adjustments were made to improve the service when needed. This showed complaints were taken seriously and used to identify further improvements.
- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred care

- Staff spoke positively about the registered manager. They told us the registered manager was approachable and made themselves available. One staff member said, "They are happy to talk to us at any time. They are helpful." While another said; "They will explain things if needed, particularly with the computerised care plan system."
- The culture of the home was open. Staff were encouraged to raise any concerns in confidence. Where mistakes were made, the registered provider was open and honest with people and families and made improvements.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. There was a business plan in place to identify any improvements required because of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

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

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The registered manager understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff were required to read policies and procedures, and they were discussed during meetings to ensure they understood what was expected of them.
- The quality assurance system included checks which were carried out by staff, the registered manager and the provider representative to ensure regulatory requirements were being met.

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

- Regular engagement meetings took place with all stakeholders of the service. This gave people an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- The registered provider continually spoke with the staff team about operational issues and staff told us they felt able to discuss any changes and working practices and raise any suggestions.
- Staff, people were possible and their relatives were asked about their views of the service and the feedback had been used to continuously improve the service.

Continuous learning and improving care

- The registered manager completed a range of quality audits to ensure they provided an efficient service and constantly monitored Mapleton. These included, medicines, care records, the environment and infection control. This demonstrated improvements could be made to continue the home to develop and provide a good service for people who lived there.
- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.