Bupa Care Homes (ANS) Limited

Maypole Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Maypole Care Home is a residential care home providing personal and nursing care to up to 68 people. The service provides support to adults who have a physical disability or health condition. At the time of our inspection there were 45 people using the service.

Maypole is a purpose-built care home delivering care on two floors. One floor specialises mainly in providing nursing care to older people and the other accommodates younger people who have physical disabilities or health conditions.

People's experience of using this service and what we found
People using the service were safe. Safeguarding procedures and staff awareness protected them from potential abuse. Risks were assessed to mitigate the possibility of harm from the environment, or aspects of people's health and needs. Medicines were safely managed and people received their medicines as and when prescribed. The premises were clean and current government guidelines on infection prevention and control and visiting care homes were followed.
Staff were safely recruited and improvement were being made as the responsibility for Schedule 3 checks was being transferred to the service from the provider's head office.

Staff completed a comprehensive induction on commencing in post and shadowed experienced staff for a period of time dependent on their experience.

We were concerned about fluid intake and record keeping at Maypole. The provider agreed to make improvements and we noted there had been very few urinary tract infections so there had been minimal impact on people, who also told us they had sufficient to drink.

The premises were purpose built providing spacious communal and private areas for people. There was a refurbishment underway and changes had been planned to enable the two floors to operate more independently of each other.

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's care and care plans were person centred and they accessed activities as and when they wanted. Additional room-based activities were available to those cared for in bed. New activities staff had been well received and had improved activity provision. Information was provided in different formats to aid people's understanding.

There was no one receiving end of life care when we inspected however, plans were in place in some

people's care records.

There had been multiple changes in the management team at Maypole and when we inspected, a manager had been in post for only 2 weeks. They had worked at the service in other roles and had been covering the manager's position for a while also. Positive changes to the service had already been reported by staff members and relatives.

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 good (published 19 August 2021).

Why we inspected
We received concerns in relation to the management of the service and people's care quality. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

We found no evidence during this inspection that people were at risk of harm from these concerns.
The overall rating for the service has remained the same based on the findings of this inspection.

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.

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 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.

Maypole Care 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 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 2 inspectors, a specialist advisor who was a registered nurse and 2 Expert's 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. One Expert by Experience attended the on-site inspection, the other made telephone calls to people's relatives after the inspection to get feedback.

Service and service type
Maypole Care Home is a 'care home'. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Maypole Care Home is a care home with 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 not a registered manager in post. A new manager had commenced 2 weeks before we inspected and would commence registration shortly.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. 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 looked at 7 care records and multiple medicines records. We spoke with 5 care staff, 4 registered nurses, the manager, a quality manager, the regional director and the chef. We reviewed documents relating to the premises and running the service.

Following the inspection, we spoke with 4 relatives of people using Maypole Care Home.

Good

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
• People were supported by a staff team trained to identify and act should they suspect abuse had taken place. Staff could identify possible signs, symptoms and types of abuse and believed if they reported concerns to the manager, they would act.
• A robust safeguarding procedure ensured all suspected abuse was thoroughly investigated and reported to relevant authorities.
• The provider had an embedded process for reporting accidents, incidents and near misses. These were investigated and learning to minimise future incidents shared with the team.

Assessing risk, safety monitoring and management
• There were thorough risk assessments of the environment and equipment and measures were in place to reduce residual risks.
• People had ongoing risk assessment which covered several areas. For example, risk assessments covered breathing, malnutrition, moving and handling, diabetes and chronic airways disease. These were based on individual needs and not everyone had the same set of risk assessments. All assessments and care plans were updated to reflect changes in risks.
• The premises were safely managed. Systems such as the fire alarm were regularly serviced and the provider undertook regular checks to ensure it was operational between services. Equipment such as hoists were also regularly serviced and checked for safety.
• Maintenance was completed in a timely way.
• People all had personal emergency egress plans, PEEPs. These contained information to be used should there be a fire or other emergency require them to evacuate the premises.

Staffing and recruitment
• Recruitment records held a range of required pre-employment checks and we noted some missing or incorrect records. The provider was midway through changing who was responsible for implementing pre-employment checks and maintaining the recruitment records. At service level, there were new proformas in place to prompt checks and ensure all documentation had been received. The service administer followed up with the providers head office to obtain missing records.
• We were assured the provider would better manage recruitment when it was dealt with locally as for example, care home managers understood the importance of full employment histories and conduct in previous caring roles more fully than staff in generic recruitment roles working with all aspects of the providers business.
• There were sufficient staff deployed to meet people's needs. People were assessed and their needs allocated a banding score. These were used to calculate dependency levels and ensure needs were met.

• When we inspected there were 45 people using the service however staffing had been set to cover 50 people. This was to recognise additional staff were needed while the provider introduced a new electronic care record system, (eCare).

Using medicines safely
• The provider was clear about its responsibilities and role in relation to medicines. People received their medicines as prescribed.
• Staff had initial training in medicines safety during their induction. We inspected the clinic room and observed a drug round.
• The Clinical Lead told us that practical medicines competencies for staff were completed regularly.
• Arrangements were in place to keep medicines that required enhanced storage safe. Monthly audits of balances took place. We checked these and found them to be accurate.
• People had 'as and when' or PRN medicines. Protocols were in place and had good information on dosage and explanations of when people should receive as required meds.
• The medicines policy designed by BUPA reflected best practice as laid out in NICE guidelines
• There was a monthly audit of medicines processes to ensure that quality is maintained.
• We saw evidence of reporting medicines incidents and subsequent follow up actions addressing learning from incidents.

Preventing and controlling infection
• The premises were clean and there were no malodours. Cleaning schedules were in place and records reflected thorough and regular cleaning had taken place.
• Staff used personal protective equipment, (PPE). PPE was appropriate to task, on arrival and throughout the service masks were available and worn and when supporting people with personal care, aprons and gloves were used.
• Additional measures were in place should there be cases of COVID-19.
• 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
• The provider had visiting arrangements in line with current government guidance. People's visits were unrestricted and appointments were not required.
• On arrival visitors signed in and completed a COVID-19 symptom checked. They were also asked to wear facemasks.

Good

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 good. The rating for this key question has remained good. 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
• A detailed preadmission assessment was completed before people were admitted to Maypole Care Home. The provider ensured people's needs could be met before admission.
• Care plans were devised from preadmission information and reviewed regularly to ensure they were current and in line with the person's needs. The person and their relatives if appropriate could be involved in the care planning process.
• Care plans were detailed and covered areas such as eating and drinking, washing and dressing, well-being, and mental and physical health. Changes to any of these areas were reflected at care plan reviews.
• People said they spoke about their care plans with staff members.

Staff support: induction, training, skills and experience
• On commencing in post at Maypole Care Home, staff completed a 4-day Bupa induction. This included the courses included in the providers mandatory training.
• Following induction, staff were assessed in terms of competency in areas including providing personal care, privacy and dignity, falls prevention, dementia and cognition and skin integrity. They were observed providing tasks in these and other areas and 'signed off' as competent or given additional training.
• Part of the induction process was shadowing more experienced staff. The period of time spent shadowing depended on staff progress, for example an experienced care worker may need less time shadowing than a staff member completely new to care.

Supporting people to eat and drink enough to maintain a balanced diet
• We received mixed feedback about food at Maypole Care Home. We saw well-presented meals that seemed appetising however we received some negative feedback. One person told us, "Food is not good. The Sunday roast dinner; the meat is not always cooked enough. They ask me what I like to eat and give us a choice on the menu. Staff help me with cutting food." A second person told us, "It is average. They do give us a choice but I don't eat everything. I eat in my room."
• Other people were more positive about food provision telling us, "The food is lovely. There is always choice of 2 options on the menu including a vegetarian option. I prefer to eat in my room." A relative told us, "They encourage mum to try different things especially fruit. Mum only likes to eat simple things like jacket potatoes, yoghurt. Mum lost lots of weight before she come into the home. They have worked hard to get her weight up."
• Relatives also gave mixed feedback about meals. One relative told us their family member did not like the pureed meals, but did not like having a modified diet, and another told us their family member really loved the pureed meals. They also commented that the person was encouraged to drink.

• We spoke with the chef and found they worked hard to provide meals people enjoyed that met their nutritional needs. The menu was varied and we saw meals that looked and smelled appetising provided during our inspection.
• People were monitored at mealtimes and should they show symptoms such as coughing a lot would be referred to their GP who would refer to speech and language therapy, (SaLT) for a swallowing assessment.
• One person had been assessed as needing a softer diet and followed that advice. They told us, "There are 2 options on the menu. The dietician came to see me because I was having problems swallowing. The recommended I have soft palette food. I don't like the soft palette food; I'm looking forward to eating solids again."
• We were concerned that jugs of water delivered to rooms as we arrived were not always within peoples reach. We checked on them through the day and noted water levels did not decrease in many jugs.
• We looked at fluid records. These had not always been fully completed. For example, for a person who should have restricted fluids, amounts had not been recorded or totalled, for another person who should have 1 to 2 litres of fluids had no records at all.
• We raised this with the manager and though they agreed to encourage people and to improve record keeping, they advised they had very few urinary tract infections in the past year so the impact had fortunately not been significant in terms of health. The new eCare record will improve record keeping as the system prompted staff to complete tasks such as offering fluids and required staff to input when they had been given.
• People received drinks with meals and had regular cups of tea, coffee and other drinks through the day.
• People told us they had sufficient to drink, a person said, "They give me plenty to drink but sometimes the glasses can be dirty. On 1 occasion a nurse removed my coffee before I had finished it." Another person said, "Yes, there are lots of drinks all day and they are good at topping my drink up."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People told us they could access healthcare as needed. A GP visited the service twice each week and reviewed medicines as well as seeing people who were unwell.
• People were referred as necessary to specialist healthcare professionals and advice from them was reflected in care plans and medicines care plans.
• People had been supported to access necessary services such as COVID-19 and flu vaccines to enable them to maintain their health and well-being.

Adapting service, design, decoration to meet people's needs
• The premises were purpose built and had good sized bedrooms and sufficient communal spaces for people to gather.
• Work was underway to redecorate the premises and additional works were organised to create a second clinical room on the ground floor in order to enable the two floors to function more independently of each other.
• All areas were accessible and people could move in and around the premises as they wished.

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.

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.

• The provider was working within the principles of the MCA and was ensuring people maintained their rights to make choices as far as possible.
• We saw comprehensive records of mental capacity assessments, best interest decisions and records showing if people had lasting powers of attorney in place.
• Assessments were decision specific and best interest decisions included relevant persons such as relatives, the GP, and registered nurses.
• We spoke to people and their relatives about making choices and they all told us they made choices about, for example, activities, where to eat and what to eat. Staff asked before supporting them with personal care.
• Staff had a clear understanding of the MCA. They told us they assumed people had capacity and would always ask before providing support.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People chose where they wanted to be, they could stay in their rooms, use communal lounges or participate in arranged activities. There were also opportunities to access the community with the activities team.
• People and their relatives told us they opted in and out of activities as they wished and remained in their rooms if they wanted.
• Care records reflected a personalised approach and care plans had detail that reflected peoples wishes as well as their needs.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

• Information was provided in formats suitable to the reader. Documents could be presented in larger print should this be needed and people had personalised communication plans.
• The provider was working within the requirements of the Accessible Information Standard.

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
• There were 2 new activities staff members and a 3rd was commencing in post soon.
• We saw an activity run by one of the new staff that involved everyone in the room. The session was completely interactive and people seemed to be enjoying the session very much.
• One person told us, "I sometimes take part in activities but not always." They liked to spend some time in their room. A second person said, "They tell me what activities are happening. I like quizzes and bingo. I don't get an activity schedule. I would find that information useful." Another person said, "I have the programme. There are lots of things to do."
• Not everyone enjoyed group activities, a person said, "I'm not interested in taking part in activities. They do tell me what activities are happening." Another person told us, "No, I don't go to the activities. I always have visitors."
• One to one sessions were provided to people who were cared for in bed and were designed around each person's interests.

Improving care quality in response to complaints or concerns
• There was a clear complaints procedure that was followed when concerns were raised. Concerns were investigated and escalated within the organisation as necessary.
• Learning was shared amongst the staff team at every opportunity including from complaints.

End of life care and support
• When we inspected there was no one receiving end of life care however there were care plans in place for when needed.
• Not everyone had a detailed end of life plan in place, just those for whom they were relevant or who wished to complete them. One person had worked with staff to complete their plan and had made decisions including to remain in the care home, not to see a priest and to have the photos from their walls close by. They had also made funeral plans.

Good

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 good. The rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

• Two weeks prior to our inspection, the manager had been appointed to their post on a permanent basis. They had been in the role for a period of time on a temporary basis and had worked in the service in different posts for many years.

• Appointing the manager had created a more settled environment and staff team. The previous and interim arrangements for management had not been effective and during that period CQC received whistle blowers about the service.

• Some staff told us they had used the providers 'Speak Up' service, a confidential way they could report their concerns. This had resulted in the provider taking actions to improve the management of the service and to improve conditions for people and staff.

• The new manager in post had already made improvements to staffing levels and the running of the service. Staff were hopeful they would continue to make improvements and maintain the positive morale.

• People and their relatives were happy with the recent changes and improvements. A relative told us, "The manager is a pleasant lady. I can talk to her about anything [person] needs." A second relative said, "I know the manager and I think the home is managed well." A person using the service told us, "I think the home is well managed by the manager," another person said, "Yes, I have met the manager and I do think the home is run well."

• Staff knew people well and had, since the end of the COVID-19 pandemic lockdowns, been able to forge relationships with their relatives. Care was person-centred and the provider had, at times, been able to go the extra mile to provide a bespoke service. For example, one person had a special anniversary. The manager arranged for a private party to be held and arranged a decorated cake. The persons relative told us, "[Manager] was amazing, all of it was a total surprise. They made it a memorable occasion. Not sure anyone else would have done that. It was all down to [Manager]."

• The provider had a policy referring to the duty of candour. The manager was aware of their duty to inform relevant parties should anything go wrong.

• There was a robust auditing process that covered many aspects of service provision that included for example, health and safety, infection prevention and control and care plans. Areas of improvement were identified and actions planned and taken to address them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
• The provider considered people's protected characteristics. They were implementing a change to how the service was set up and adjusting the focus from one large service to fit all, to two more specialist units catering to more specific people.
• Staff meetings were held to share information with and get feedback from the staff team. There had been numerous changes to the management team over the previous years and team meetings were a forum for staff to be heard.
• The service was part of a large provider and benefited from updates to policy, procedures and best practice guidance.
• A staff member told us, "We are much more engaged now. We are involved with the assessments." A second staff member said. They have turned this place into a beautiful garden. The work environment has completely changed. Very happy to work here. There is guidance, support and involvement."

Working in partnership with others
• The provider worked in partnership with relevant health and social care organisations.
• There were regular GP 'ward rounds' ensuring people received timely healthcare.