HC-One Limited

Maple Court 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 effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 9 April 2018 and was unannounced. At the last inspection completed in October 2017 we rated the service as inadequate, as we identified a number of breaches of legal requirements. The provider was not meeting the regulations for safe care and treatment, staffing, safeguarding people from abuse, person-centred care, treating people with dignity and respect and good governance.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Following the last inspection, we asked the provider to send us an action plan to show what they would do and by when to make improvements to meet the regulations.

At this inspection we found improvements had been made however there was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safe care and treatment. The provider was meeting all other regulations.

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

Maple Court Nursing Home accommodates up to 80 people in one adapted building. Care and support is provided over two floors and these floors are operated as two separate units. At the time of the inspection there were 50 people using the service.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were not consistently managed safely. We found two prescribed medicines that were out of stock, so people had not received these medicines. The provider had a system in place to check medicines daily and this had not identified the low stock.

People's risks were not always suitably managed in order to keep them safe, though we saw improvements in the management of some people's risks. Further work was required to ensure that these were consistent for all people who used the service.

Improvements had been made to staffing within the home but further improvements were required to ensure that people had access to the support they required in a timely manner.

People were protected from avoidable harm and abuse by staff who were trained to recognise signs of abuse and knew how to report their concerns. Most risks were assessed, identified and managed appropriately, with guidance for staff on how to mitigate risks. Premises and equipment were kept clean and tidy. Staff had their suitability to work in a care setting checked before they began working with people.

Improvements had been made to the mealtime experience though one person received fluids with the incorrect amount of thickener that had been prescribed by a professional.

People told us they were happy with the care they received. However, we observed that staff did not always protect people's privacy and dignity.

People told us they had choices however we observed that people were not consistently offered choices.

People had been involved in developing their own plans of care. However, not all people's care plans had been reviewed and updated which meant that some people's plans did not accurately reflect their needs and preferences.

The systems in place to check the safety and quality of the service were not consistently effective as they did not identify all the issues we found during the inspection.

People were supported by trained staff. Staff received regular supervision and had access to training. The environment was designed to support people effectively. Healthcare professionals were consulted as needed and people had access to a range of healthcare services.

People were supported to consent to their care when they were able and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

A range of activities were on offer and people were supported to participate in activities that they preferred.

Complaints were managed in line with the provider's policy.

A registered manager was in post and was freely available to people, relatives and staff. People, their relatives and staff were involved in the development of the service and they were given opportunities to provide feedback on the service. People, relatives and staff all felt that the management team were approachable and that there was a more positive atmosphere.

The provider had made improvements following the last inspection, however further work was required to ensure this was sustainable.

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 consistently safe.

Improvements had been made to the way in which people's medicines and risks were managed but further improvements were required to ensure consistently safe care was delivered to all people who used the service.

Improvements had been made to staffing but further improvements were required to ensure that people had access to the support they needed in a timely manner.

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People were safeguarded from abuse and they were protected from the risks of infection. The provider had made improvements since the last inspection, however further improvements were required.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements had been made to the way in which staff were supported and additional training had been provided since the last inspection to ensure staff had the necessary skills to provide effective care.

Improvements had been made to the mealtime experience though further improvements were required to ensure that people received the correct type of food and drink as advised by healthcare professionals.

Staff worked together to deliver effective care though new systems needed to be further embedded into practice to ensure they worked effectively.

People had access to healthcare professionals and people's consent was gained in line with current law and guidance.

Is the service caring?

Requires Improvement

The service was not consistently caring.

We heard staff discussing people's personal care needs in communal areas which did not respect their privacy and dignity. However, we also saw staff actively taking steps to promote people's dignity and independence.

People told us they were offered choices about their care and support however we observed that some people were not offered choice.

People told us they were happy with the care they received and that they got on well with staff. Visitors were made to feel welcome.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements had been made to help people receive more personalised care to meet their needs and preferences. However, further improvements were required to ensure that each person had an up to date and accurate care plan.

At the time of the inspection, no-one was receiving end of life care. We saw that some people had their wishes for end of life care recorded but some people's wishes had not been considered.

People had access to activities they enjoyed and were engaged in activity that was meaningful to them.

People told us they would be happy to raise concerns if required and the provider had an appropriate complaints procedure in place.

Is the service well-led?

Requires Improvement

The home was not consistently well-led.

Regular audits were completed however audits of care plans and medicines had not picked up on some of the issues we identified during the inspection.

There was now a registered manager in post who understood their responsibilities of registration with us.

People, relatives and staff spoke positively about the management at Maple Court Nursing Home and were involved in the development of the service.

Maple Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 April 2018 and was unannounced. The inspection team consisted of two inspectors, an expert by experience who has personal experience of caring for someone who uses this type of care service and a specialist advisor who is a nurse with specialist experience in caring for older people with mental health needs.

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered feedback received from local authority commissioners and the clinical commissioning group about the services provided at Maple Court Nursing Home.

During the inspection, we spoke with three people who used the service and five visitors. We also spoke with the registered manager, the deputy manager, the area director, the regional quality director and seven members of nursing and care staff. We did this to gain their views about the care and to check that standards of care were being met.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of eleven people who used the service, to see if their records were accurate and up to date. We also looked at other records relating to the management of the service including complaint records, accident and incident reports, staff training records, meeting notes, quality assurance records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection this key question was rated as inadequate and we found the provider was not meeting the regulations for safe care and treatment, by having sufficient staff, managing people's risks and safeguarding people from harm. We found a breach of Regulation 12 for safe care and treatment, 13 for safeguarding people from harm and 18 for staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting regulations 13 and 18 but there was a continued breach of Regulation 12 for safe care and treatment.

At the last inspection we found that people's medicines were not safely managed to ensure that they received their medicines as prescribed. At this inspection we found that many improvements had been made to the way in which medicines were managed though further improvements were required. One person told us that the home had run out of stock of their anti-sickness medicines and they had not been able to take that medicine because of this. We checked the person's medicines record and found that the home had run out of stock and they had not received that particular medicine for one day. The person was prescribed the anti-sickness medicine 'as and when required' but their records showed they had been taking it every day and sometimes twice per day because they were feeling sick. The provider had a system in place to check medicines daily to ensure they were safely managed and people had adequate stocks available. However, this checking system had not identified that this medicines stock was running low and therefore more stock had not been ordered. Checking systems had also not identified that this medicine was being administered very regularly when it was prescribed 'as and when required' and therefore the prescribing doctor had not been asked to review the person and their medicines. This meant that the person had not received the medicine they told us they required because the home had not ensured that adequate stock was available.

Another person was prescribed a topical cream. We found that the home had run out of stock of this cream. A staff member told us they had applied another type of cream because the prescribed cream had run out and we saw the alternative cream was kept in the person's room. This was an unsafe practice because the person was not receiving the cream they were prescribed by a doctor. We found there were some gaps in the recording of application of people's topical creams which meant we could not be sure they were receiving their topical creams as prescribed.

At the last inspection we found that people's risks were not always suitably assessed and managed to keep themselves and others safe. At this inspection we found that improvements had been made to the way in which risks were managed however further improvements were required. We found that one person had diabetes and a risk management plan was in place but it did not identify how and when the person's blood sugar levels should be monitored. When a person experiences a hypoglycaemic (low blood sugar) or hyperglycaemic (high blood sugar) episode, immediate action can be required to prevent a person from becoming more ill. Staff we spoke with were unsure about whether they were responsible for checking the person blood sugar levels. This meant that the risk in relation to the person's diabetes was not consistently managed.

We observed how staff supported people to move. We saw that the majority of practices were safe. However, we saw that a staff member who had not received moving and handling training supported people to move. The staff member was new to the home and had training scheduled but had not yet completed it. We observed them support one person to move and they assisted another staff member to use a hoist to move another person. This type of transfer requires two trained staff members in order to ensure the person is safe whilst being transferred. However on this one occasion, one staff member was not suitably trained. This meant people were at risk as staff supporting people to move were not always appropriately trained to do so.

The above evidence demonstrates that people did not always receive safe care. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager and quality director about these issues. They took immediate action to seek professional advice about the person's diabetes and implemented an updated risk management plan. They ensured that equipment was available to staff to check the person's blood sugar levels and they cascaded the relevant information to staff. They also took immediate action to ensure that people's prescribed medicines and creams were available to them. The registered manager told us the untrained staff member should not have been assisting people to move until they received the required training and they spoke with the staff member to ensure this did not happen again.

We found improvements had been made to the way in which other risks were managed including risk of falls, choking and behaviour that challenged. A relative told us that one person could at times display some behaviour that challenged staff. Their relative said that, "Staff are good in dealing with this." We found that people now had clear and up to date plans in place which guided staff on what they should do to support people when they were upset or distressed. For example, one person experienced increased agitation when there were a lot of people or activity around them. Their care plan directed staff to support them in a quieter area at these times. Some people were at high risk of falls and we saw that clear plans were in place to reduce the risks and staff were aware of these plans. We also found that action was taken following any falls to ensure the risk of a further fall was reduced. For example, one person now had a lap strap on their wheelchair following a recent fall. We saw their lap strap was fastened and staff were aware of the risk management plans and were following these to reduce people's risks. We saw when people were at risk of choking, professional advice had been obtained and this was followed by staff to ensure risks were reduced. These examples showed that some improvements had been made in managing people's risks.

At the last inspection we found that there was not always sufficient, suitably qualified, competent staff deployed to meet people's needs. At this inspection we found that improvements had been made, however further improvements were required. On the ground floor we observed that some people had to wait for the support they required. For example, one person was still in bed at 12.30pm and wanted to get up. We asked staff why the person was still in bed when they wanted to get up. A staff member told us, "We've only just got around to them." This meant that further improvements were required to ensure that people had access to the support they needed in a timely manner.

People told us that improvements had been made in relation to staffing levels. One person said that staff were, "Very attentive." Another person who needed assistance to get out of bed said that when they pressed their call bell staff, "generally come quickly." They said that, "Staffing levels appear to be adequate." We observed that improvements had been made to the way in which staff were organised and deployed to meet people's needs. For example, meal times on the ground floor had been split into two sittings to ensure that people who needed support to eat and drink could access the support in a timely manner. We observed that people now had the support they required at meal times. Staff told us that improvements had been

made in relation to staffing. One staff member said, "There is enough staff now. We definitely have more time to spend with people." The registered manager told us they had recruited some new staff and they were continuing to work on recruitment to fill existing vacancies. Whilst the use of agency staff had reduced, regular agency staff were being 'block booked' to try and help ensure consistent support was provided to people. One person said, "Agency staff are used but the home seem to insist on the same staff so that they better know the residents." This showed that some improvements had been made to ensure that sufficient, competent staff were available to people but more improvements were required to ensure this was consistent.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

At the last inspection we found that people were not always protected from avoidable harm and abuse because some incidents of potential abuse had not been reported. At this inspection we found that improvements had been made in this area. A relative said, "I feel [my relative] is absolutely safe. [They] wouldn't be here otherwise." Staff we spoke with were knowledgeable about safeguarding adults' procedures and knew the different types of abuse which may occur, how to recognise signs of abuse and how to report their concerns. The registered manager understood their responsibilities in safeguarding people from abuse and we saw that incidents had been reported to the local authority when required, so that necessary investigations could be carried out and protection plans implemented when needed. The registered manager had ensured that any incident that could be considered as potential abuse including unexplained bruising had been reported to the local authority. Since the last inspection we saw that staff had received additional training and support about identifying and taking action regarding unexplained bruising. A new system had been implemented to ensure necessary action was taken to investigate unexplained bruising. Staff were aware of the improved systems and processes in place and we saw these were working to ensure that people were protected from abuse.

We observed that all areas of the home and equipment looked clean and hygienic and saw domestic staff carrying out their duties throughout the inspection. Staff understood the importance of infection control and we observed them using protective clothing during the inspection. The registered manager told us that infection control audits were completed regularly and we saw that a recent infection control audit had highlighted areas for improvement. An action plan was in place with a number of issues already rectified and some ongoing. This meant people were protected from the risk of infection and cross contamination.

The registered manager told us and we saw that lessons had been learned and improvements made when things had gone wrong. At the last inspection, we found some serious concerns and breaches of regulations. The provider sent us an action plan which covered all areas of concern identified. At this inspection we saw that a number of improvements had been made and others were in progress. The registered manager and provider were working on plans to improve the quality and safety of services provided to people and we saw during the inspection that a number of improvements had been achieved.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found this area required improvement because staff were not always suitably skilled to meet people's care needs in a safe and effective manner. This was an additional breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer on breach of this regulation, however further improvements were required to ensure people received consistently effective care.

People told us they felt staff had the required skills to meet their needs and felt staff were competent in their roles. We observed that when staff had received training, they delivered care in an effective manner. For example, we observed people being supported to move safely when staff had received the required training. New staff confirmed that they were provided with an induction which included online training and spending time shadowing experienced members of staff before they provided care independently. However, we observed staff who had not yet received moving and handling training, supporting people to move rather than shadowing. Existing staff confirmed they had received additional and updated training to improve their skills. Staff also told us they felt well supported and received supervision and feedback on their performance to help them improve. One staff member said, "I have supervision but also on a shift to shift basis I'm told what I've done well and what I need to improve on. I am learning more now. Senior managers have also spent time with us helping us to understand why things need to be done in a certain way." Training records showed that staff had received additional training since the last inspection and further training was planned in the coming weeks. This meant people were supported by suitably skilled staff.

At the last inspection we found that improvements were needed to the organisation of mealtimes to ensure that people got the support they required in a timely manner, were offered choices and given the opportunity to enjoy the mealtime experience. At this inspection we found that improvements to the mealtime experience had been made but further improvements were required to ensure people received consistently effective support in relation to food and drink.

Some people required specialist diets such as pureed food or thickened fluids. We saw that the registered manager had implemented a checklist for staff which informed them about people's individual food and drinks preferences and requirements. However, when we looked at one of these which was kept in the dining room, we found that it was for people who lived in another area of the home and not the people being supported in the dining area at the time. The staff member on duty in the dining room told us that they were able to remember people's requirements. However, new staff and agency staff were providing support to people and may not be able to remember people's individual requirements. This meant that the newly implemented system was not always being used effectively by staff. We saw that one person had been assessed by a speech and language therapist as requiring 'syrup thick' drinks served in a standard cup. A senior staff member confirmed that this assessment was current and accurate. However, we observed that they were given very thick fluids and offered a 'bowl of tea' with a spoon. This meant that staff were not always following professional guidance and the person did not consistently receive the correctly thickened fluids to meet their needs.

People told us they enjoyed the food and drinks and offer and that they had choices. People's comments included, "The food is good," and "The food is fabulous. I'm always offered alternatives and they will cook egg and chips or sandwiches if I want them." We observed that people who required support to eat were supported by staff in line with their needs. We saw that staff sat down with them and spent the time with them that they needed to eat their meal without being rushed. Staff told us that the registered manager had introduced new systems to improve mealtime experiences for people. A staff member said, "Overall mealtimes are better and people are putting on weight. We have a kitchen assistant on each floor now and it works so much better because they make sure people have drinks, snacks and even 'smoothies' if they need help to put on weight." Records confirmed that people's weights had increased which showed that most people were effectively supported to eat and drink enough to maintain a well-balanced diet.

We saw that most people's needs and choices were assessed and planned for to allow staff to deliver effective care; however improvements were needed to some people's assessments. The provider was aware of this and a plan had been implemented to ensure that all people's assessments were updated to ensure they were accurate. Where people's assessments had already been updated, we saw that they were detailed and mostly provided guidance for staff on how to meet the person's needs and choices.

The registered manager told us they had implemented new ways of working which meant that staff worked better together to provide effective care to people. They showed us a new daily handover sheet completed at the beginning of each shift, which ensured that staff were able to provide a safer and more consistent level of care to people. One staff member said, "The handovers are good because we are allocated specific tasks and know what we should be doing." Another staff member said, "The staff all work together to deliver good care and everyone tries their best." These examples showed how the staff team worked better together to deliver effective, consistent care within the service. However, these systems needed to be further embedded into practice to ensure they were used consistently, effectively and were sustained.

People were supported to monitor and manage their health and had access to healthcare support when required. For example, a relative described how staff had quickly noticed an issue with their relative's stomach and called an ambulance which resulted in the person receiving the relevant healthcare treatment. People and relatives told us that prompt access to a doctor was arranged by staff when required and staff would accompany people to appointments if required. The records we viewed showed that people had accessed a range of healthcare professionals including chiropodists, speech and language therapists, opticians, community psychiatric nurses and physiotherapists. This meant that people were supported to access health professionals to maintain their health.

We saw that the environment had been adapted to help meet people's physical needs. There were specially adapted bathrooms to help meet people's personal care needs. People were able to personalise their own bedrooms and move freely around the home, including spending time on either floor of the home or in communal areas. There were quiet lounges where people could choose to spend time alone, in small groups or with relatives. Some people who used the service were living with dementia and we saw that clear signage and different coloured doors were used to help people independently navigate around the home. This meant that people's needs were met by the adaptation and design of the premises.

People consented to their care when they were able to and the service actively supported people to do this. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We observed that people were asked for their consent before care was carried out. When people

lacked mental capacity to make decisions about certain aspects of their care, we saw that a decision specific test of their capacity was carried out, in line with the MCA. We saw that decisions were made in people's best interests when required and the principles of the MCA were followed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and found that people had been referred for a DoLS authorisation when this was required. We found that when a person's situation had changed, a new DoLS authorisation was requested as further restrictions were in place to keep the person safe. This showed that the service was working in line with the current legislation and guidance to ensure that people's rights were protected.

Requires Improvement

Is the service caring?

Our findings

At our last inspection this area was rated as inadequate and we found a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not always treated with dignity and respect. At this inspection we found that some improvements had been made and the provider was no longer in breach of this regulation but further improvements were required.

People told us they were treated with dignity and respect. However, we observed some practices which did not promote people's dignity or privacy. On a number of occasions we heard staff discussing people's personal care needs in communal areas in front of other people. For example, one staff member said to another, "I need to go and toilet [Person's name]" loudly across a lounge full of other people and where the person was sitting. This was not a dignified way to talk about the person's personal care needs and it did not respect their dignity or privacy. We saw other examples where people's dignity was promoted. One person was eating their breakfast and a staff member noticed they were struggling. The staff member went over to them and discreetly offered to help them finish their breakfast and wiped their mouth. This showed that the staff member had regard for the person's dignity and independence.

People told us they could make choices and express their views about their care. However, we observed that people were not always offered choices. For example, we saw that one person was supported to move without being offered an explanation as to why they needed to move and they were not given a choice about this which caused them confusion. We observed other examples where people were offered choices of where they would like to sit, what they would like to drink and how they would like to spend their time. We also saw that residents meetings had been held and scheduled where people were encouraged to share their views about their care and support. This showed that whilst improvements had been made to try and help people express their views and make choices, further improvements were required.

People told us they were treated with kindness and compassion and were happy with the care they received. People's comments included, "I think it's wonderful and I get on well with the staff" and "[Staff] are nice especially the deputy manager who is great." Relatives said, "I can't fault the staff, they're very nice. You can have a laugh and joke with them" and "Staff are very friendly, very helpful." People told us that their relatives and friends could visit at any time and relatives told us they were always made to feel welcome by staff. We found that care plans were written in a way which upheld people's dignity and encouraged choice and independence. For example, one person's care plan in relation to personal care detailed that the person was able and liked to wash their own face and they liked to be clean shaven. It also included their preference in relation to male or female staff. We saw that the person was clean shaven in line with their recorded preferences.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found this area required improvement because people did not always receive person-centred care that met their needs and preferences. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation, however further improvements were required to ensure that people's care plans accurately reflected their needs and preferences.

The provider was in the process of reviewing and updating people's care plans. We viewed care plans that had been reviewed and found that these accurately reflected people's needs and included life history information and people's preferences to ensure staff had access to the information they needed to provide personalised care. However, we found that all care plans had not yet been updated and some still contained out of date or brief information. This meant there was risk that new staff and agency staff did not have the correct information they needed to provide responsive care to people. People and relatives told us they had been involved in developing and reviewing their plans of care when they were able. Staff said they were provided with the opportunity to read people's care plans to ensure they were familiar with people's needs and preferences. A new staff member said, "I have had the chance to look at people's care plans and I always double check with the person or another staff member if I don't know something." We saw that 'pen pictures' were displayed on people's bedrooms doors. These summarised people's interests and preferences so that staff, including agency staff could have instant access to brief information about people to help provide personalised care. The registered manager had a plan in place to ensure that all care plans reflected people's needs.

At the time of our inspection, no one was receiving end of life care. We found that some people had their wishes with regards to the care they would like to receive at the end of life recorded in their care plans however some people's plans did not include this information. Staff told us they had supported people at the end of their lives and felt people received care in line with their wishes.

People and relatives told us that they had access to a wide range of activities which they enjoyed. One person told us that they enjoyed listening to singers and musical entertainers that came into the home. They said that all the people enjoyed this and, "It's good to see their faces light up." We saw that information about planned activities was displayed in the home and people told us they enjoyed quizzes, barbecues in good weather and planned events such as a Valentine's Day celebration. Specific activity staff were employed to ensure that people had access to meaningful activity that they enjoyed. One person said, "[Activities coordinator] is brilliant. There is lots and lots of involvement and we have quizzes and other things." We observed that there was more support available for people who needed help or encouragement to participate in activity. We also saw that one to one time was available for people who did not like or benefit from group activity. For example, we saw that people were supported on a one to one basis to complete jigsaws and cross words. We also saw that people living with dementia were encouraged to participate in activity that meant something to them such as cleaning and another person was smiling whilst holding a therapy doll. Alongside this people told us they were encouraged and supported to

continue their hobbies such as knitting, collecting, reading and listening to music. This showed that improvements had been made in engaging people in meaningful activity.

People told us that their religious and spiritual needs were met and one person told us, "The home facilitates church services and communion using local clergy." We saw that people's diverse needs and preferences were assessed and planned for to ensure they received a personalised service. For example, one person's religion was very important to them and we saw this was clearly recorded and staff were aware. The home facilitated visits from their minister and ensured they were given time and privacy to read their bible. This meant people's diverse needs were being identified and catered for.

People and relatives knew how to raise concerns and complaints and felt able to do this when required. A relative said, "I would be quite happy to raise any concerns with [deputy manager]." Information on how to make a complaint was available to people and on display in reception of the home alongside an electronic feedback system. There was an appropriate complaints policy in place and the registered manager had a complaints record to ensure that all complaints were recorded and acted upon. We found that when a concern had been raised, it was investigated and responded to, which showed that complaints were taken seriously and dealt with in line with the provider's policy to ensure that lessons were learned and improvements made when required.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that systems and process were not established or operated effectively to ensure that people received a good quality and safe service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The provider did not have a registered manager in post and this was a breach of Regulation 5 of The Care Quality Commission (Registration) Regulations 2009 (Part 2). At this inspection we found improvements had been made and the provider was meeting these regulations; however there was still more work to do to ensure compliance with all regulations and to embed and sustain improvements.

Regular audits took place including checks of medicines and care plans to ensure that any issues were identified and action taken to make improvements. A number of improvements to medicines management and care plans had been made since our last inspection. However, we found that these audits had not always been effective in identifying areas where improvements were required. An audit of one person's care plan had not identified that their diabetes care plan did not contain all the information that staff needed in order to help the person manage their health condition. This meant that further improvements were required to ensure that audits were thoroughly completed and identified any issues requiring action.

We also saw that a new system had been implemented to check medicines daily to ensure they were safely managed. However, this system had not identified when two people's stock of medicines was running low. The system had also not identified that one person's medicine was being administered very regularly when it was prescribed 'as and when required' and therefore the prescribing doctor had not been asked to review the person and their medicines. This meant that the system in place to ensure medicines were managed safely was not always effective as two people had not received their prescribed medicines as the home had run out of stock.

There was a new registered manager in post since the last inspection, although they had only been in post for approximately five weeks. The registered manager understood their responsibility of registration with us and ensured that they notified us of important events that occurred in the service in a timely manner, as this is required by law. The registered manager was open and transparent in sharing information and reporting incidents to ensure that regulatory requirements were met. There was also a new deputy manager in post since the last inspection.

The registered manager had systems in place to monitor quality and safety. Accidents and incidents were now consistently recorded, reported and analysed by the registered manager to ensure that action was taken when required to reduce further risks to people. For example, analysis showed that one person was experiencing a number of falls. The person's care plan had been reviewed to ensure that all possible action had been taken to reduce the risk of falls and injury, including providing a sensor mat, crash mat and lap strap on the person's wheelchair. This showed that systems in place were effective in identifying patterns and ensuring risks were managed. The registered manager also considered whether or not a referral to the local authority safeguarding adult's team was required. Falls information was included in the home's key clinical indicators summary. This summary provided information about key risks to people including skin

damage and infections. We saw it was effective in ensuring that all necessary actions had been taken to reduce risks to people. The regional quality director and senior management also had access to this information so that they could have an oversight of what was happening at the home. This showed that improvements had been made to the systems and processes in place to manage people's safety. The registered manager and provider now needed to ensure these improvements were sustained. We will check the sustainability of these changes at our next inspection.

People, relatives and staff spoke positively about the management at Maple Court Nursing Home and felt that improvements had been made since the last inspection. One person said, "The [Registered manager] is, "very visible, very approachable." A relative said, "I have noticed improvements. The improvements have continued and I have no concerns at present." A staff member said, "I'm so much happier. I have so much more support. I feel happy coming to work now." This showed that there was now a more positive atmosphere where people worked together to achieve good outcomes for people.

People, relatives and staff felt more engaged and involved in the development of the service. We saw that a monthly newsletter had been introduced which kept people up to date on news and developments within the service including new members of staff. The newsletter also promoted inclusion of people and relatives and asked for their comments, suggestions and opinions. Regular residents and relatives meetings were held where people were informed of changes happening at the home and the registered manager also held a 'manager's surgery' where people could meet with them about any issues or concerns. The registered manager was also working on involving the local community with the service and we saw that Maple Court Nursing Home was participating in 'Care Home Open Day' where members of the community would be invited into the home to help build links with the local community. This showed that people, the public and staff were engaged and involved.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We saw that the rating of the last inspection was on display and a copy of the last inspection report could be accessed by people and visitors to the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not consistently safely managed because two people did not receive their prescribed medicines as the home had run our of stock. People's risks in relation to diabetes was not consistently managed. A member of staff who was trained in moving and handling was supporting people to move.