

Devon County Council

Mapleton

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mapleton is a residential care home providing personal care to up to 20 people. The service provides support to older people, including people living with a diagnosis of dementia. At the time of our inspection there were 19 people using the service. Mapleton has secure accommodation over two floors. People living at the service long term live on the ground floor, where as the first floor has been developed to be used as a short stay assessment unit to support people, who may have complex needs, moving from hospital to a longer term setting. Both floors have kitchen, lounge and dining space and access to outside space. Peoples' bedrooms are en-suite and all rooms have ceiling track hoists.

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

Shortly before this inspection commenced, the registered manager had resigned and deregistered with the Care Quality Commission. The deputy manager was appointed as the new manager during this inspection. The new manager had identified concerns relating to induction, training, supervisions and appraisals, communication and record keeping, consent, medicines management, equality and consistency of care in the weeks prior to this inspection commencing. They had not yet had time to address all of these concerns. The previous manager had failed to complete a monthly audit tool required by the provider, and the provider had failed to address this. The provider had 'stood down' the requirement for the resource manager to complete three monthly quality checks, due to other business pressures caused by the Covid-19 pandemic. This meant there had been no effective manager or provider oversight of the service since August 2021. Notifications were not always made in line with legal requirements.

Staff told us that the previous manager's approach had created conflict between the staff team, one said, "There's been a lack of consistency and I hope that's going to change."

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Two people were being deprived of their liberty without the legal authorisation to do so. They had both been assessed as lacking capacity to consent to care, however, the service had failed to make DoLS applications in respect of these two people. One person told us they were not allowed to leave the building alone, despite being assessed as having capacity to consent to care and not being subject to a DoLS application.

There were enough staff to meet peoples' needs safely, however, some staff and family members told us there were times when it was very busy. One staff member said, "It can be quite challenging with the level of care people need at the moment."

We recommended the provider consider using a dependency tool to ensure staffing levels reflect peoples'

level of care and support needs. Staff training was not always kept up to date and new staff had not always been well supported through their induction.

The new manager had made immediate changes and held staff meetings in the weeks leading up to this inspection. Expectations were made clear and staff told us they felt confident in their ability. One staff member said, "I can see improvements already." Another staff member told us the new manager had "been very supportive" and a third said, "I would say it feels a lot calmer." A robust quality assurance structure had been created. Time was needed for team leaders and the acting deputy manager to complete these audits and for the systems to embed.

Peoples' individual health needs were assessed prior to them moving to Mapleton, and a comprehensive initial assessment completed shortly after they arrived. Where people had identified risks, their care plans contained the information staff needed to minimise the risk to the person. For example, where people needed re-positioning regularly. Staff worked closely with other health professionals to ensure people received appropriate care and, where appropriate, were able to move onto another service which suited their long-term needs or to return home. People were well supported to maintain a balanced diet. Catering staff had a good knowledge of peoples' likes and dislikes and people could choose from a variety of meals. One person told us the food was "wonderful".

Systems were in place to protect people from abuse and appropriate referrals had been made to the local authority. People received their medicines safely and accidents and incidents were recorded and reviewed to identify any action that could be taken to mitigate the risk. We were assured that the provider had sufficient infection prevention and control measures in place and there were no limitations in place to people receiving visits.

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 (10 April 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective 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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The provider has taken action to address the concerns identified, including appointing a new manager who will apply to register with the Care Quality Commission. A range of audits have been put in place and provider three monthly quality checks have been reinstated.

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

Enforcement and Recommendations

We have identified breaches in relation to the need for consent, notifications of incidents and good governance at this inspection.

We recommended the provider consider using a dependency tool to ensure staffing levels reflect peoples' level of need.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Is the service effective?

Requires Improvement ●

The service was not always effective

Is the service well-led?

Requires Improvement ●

The service was not always well led

Mapleton

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post as shortly before this inspection commenced, the registered manager had resigned and deregistered with the Care Quality Commission. The deputy manager was appointed as the new manager during this inspection.

Notice of inspection

This inspection was unannounced. Inspection activity started on 18 May 2022 and ended on 30 May 2022.

We visited the location's service on 19 May 2022.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 20 April 2022 to help plan the inspection and inform our judgements. 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 reviewed a range of records relating to maintenance, training, supervision, staff meetings and feedback gathered from peoples' families. We reviewed a range of management audits and reviewed three staff members pre-employment checks. We reviewed three peoples' care records in detail and reviewed six peoples' medication records. We spoke with six people and one family member during our site visit and spoke with seven peoples' family members over the telephone. Some people were not able to communicate verbally, so we observed people in communal areas including observing a mealtime. We spoke with eight staff during our site visit including the new manager, care staff and the maintenance person and we spoke with a further six staff on the telephone. We also spoke with the resource manager via a videocall. We sought feedback from six health professionals.

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 the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to meet peoples' needs safely, however, some staff and family members told us there were times when it was very busy. One staff member said, "It can be quite challenging with the level of care peoples need at the moment."
- The manager told us there was no dependency tool being used at the time of the inspection to ensure the number of staff on duty reflected the level of peoples' care and support needs.
- Pre-employment checks were made including DBS checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where staff had information recorded on their DBS risk assessments had been completed.

We recommended the provider consider using a dependency tool to ensure staffing levels reflect peoples' level of care and support needs.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe living at Mapleton. One person's family member told us their loved one was "happy and safe".
- Systems were in place to protect people from abuse and appropriate referrals had been made to the local authority.
- Staff understood how to raise any safeguarding concerns and told us they felt comfortable doing so. One staff member said, "It is all in the policies and procedures, the names and numbers we need to go to safeguarding if we needed to." Another said, "I would report (concerns) immediately. Initially I would report it to my line manager and if I did not get the result I wanted, I would go straight to the manager."
- Most staff had completed safeguarding training. Where this training was out of date, staff had been reminded to complete it.

Assessing risk, safety monitoring and management

- Risk assessments were in place and were regularly reviewed.
- Where people had identified risks, their care plans contained the information staff needed to minimise the risk to the person. For example, where people needed re-positioning regularly.
- Care records demonstrated staff were supporting people in line with their care plans to minimise risks.

Using medicines safely

- People received their medicines safely.

- Peoples' medicines records were well completed and contained peoples' identifying information and a record of any allergies.
- Staff had completed medicines training and the manager had identified and acted where training needed refreshing. The manager was in the process of re-assessing staff competencies in relation to administering medicines.
- We observed one staff member administering medication and they did so in line with best practice.
- Bi-monthly medicines audits had identified areas for improvement, and these had been communicated to staff. The manager recognised that it was best practice to complete medicines audits on a monthly basis and had acted in relation to this in advance of this inspection.

Preventing and controlling infection

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

- There were no limitations in place to people receiving visits and people were supported to go out with their family or friends.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong.
- Accidents and incidents were recorded and reviewed to identify any action that could be taken to mitigate the risk.

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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Two people were being deprived of their liberty without the legal authorisation to do so. They had both been assessed as lacking capacity to consent to care, however, the service had failed to make DoLS applications in respect of these two people.
- One person told us they were not allowed to leave the building alone, despite being assessed as having capacity to consent to care and not being subject to a DoLS application. They said, "I've been told I have complete freedom but it's rubbish. I would like to go to the little shop, but they won't let me unless someone goes with me, because I'm in their care."
- We received mixed responses from staff when we asked if this person could go to the shop on their own. One said, "I would not be comfortable with them out on their own." Another said, "The shops are near a main road so I feel it would not be safe for to go out on her own."

People were not always supported in line with The Mental Capacity Act 2005. This was a breach of regulation 11, Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other staff did recognise this person should not be prevented from leaving the building. One staff member said, "I am assuming they could go on their own as they have no DoLS in place."

- The manager took action to speak with the person and ensure their rights were upheld.
- Peoples' capacity had been assessed where appropriate including for specific decisions, such as electronic monitoring. MCAs contained good detail and demonstrated staff had considered peoples' ability to make a decision for themselves, before making a decision for them.
- DoLS applications had been made in respect of all other people living at the service assessed as lacking the capacity to consent to care.
- Where decisions were made for people, records demonstrated relevant people, such as their next of kin, were involved in the decision.

Staff support: induction, training, skills and experience

- Staff training was not always kept up to date and new staff had not always been well supported through their induction.
- Staff completed the majority of their training online. Whilst some staff had completed the majority of their training, others had not. Overall, 78% of mandatory training had been completed however, 41% of these training courses were overdue for renewal.
- Four staff were found to have no induction records. One staff member told us, "I was meant to have induction meetings regularly, but these just did not happen."
- Staff had had supervision meetings, but these had not always been effective, and some were overdue. One staff member told us, "[previous manager] took me into an office, no pen or paper and it didn't last long. It felt he was just doing a box ticking exercise."
- Only 2.5% of staff had had appraisals in line with the provider's expectations.
- The new manager had identified these concerns and put plans in place to address them shortly before our inspection began.
- Plans were in place to create a training suite, to enable staff to complete their training more easily.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Peoples' individual health needs were assessed prior to them moving to Mapleton, and a comprehensive initial assessment completed shortly after they arrived.
- The initial assessments informed peoples' risk assessments and care plans, which were regularly reviewed and updated.
- Staff worked closely with other health professionals to ensure people received appropriate care and, where appropriate, were able to move onto another service which suited their long-term needs or to return home. One person told us they had been staying at Mapleton following a hospital admission, they said they felt well supported and were looking forward to returning home.
- People were supported to access healthcare services and support and to remain as active and healthy as possible.

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

- People were well supported to maintain a balanced diet.
- Catering staff had a good knowledge of peoples' likes and dislikes and people could choose from a variety of meals. One person told us the food was "wonderful".
- We observed staff assisting people who needed a modified diet in an appropriate and dignified way.
- We saw one person was struggling to eat their meal because they were tired. A member of staff had noticed this and engaged the person in a short quiz about a subject they were interested in, which meant they were able to eat their meal independently.

Adapting service, design, decoration to meet peoples' needs

- Mapleton is a purpose-built home and the environment meets peoples' needs well.
- Peoples' bedrooms were spacious, and all rooms contained a ceiling hoist. People had their personal belongings in their bedrooms and in communal areas where this gave them comfort. For example, one person had a picture of their husband with them.
- There was sufficient communal space and each floor had a kitchen area, so people who were able to could make drinks and snacks. These were also used for cooking activities.
- There was safe, secure outside space and people living on both floors were supported to use the well maintained gardens.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes in place had failed to identify areas that required improvement.
- Shortly before this inspection commenced, the registered manager had resigned and deregistered with the Care Quality Commission. The deputy manager was appointed as the new manager during this inspection. The new manager had identified concerns relating to induction, training, supervisions and appraisals, communication and record keeping, consent, medicines management, equality and consistency of care in the weeks prior to this inspection commencing. They had not yet had time to address all of these concerns.
- The previous manager had failed to complete a monthly audit tool required by the provider, and the provider had failed to address this.
- The provider had 'stood down' the requirement for the resource manager to complete three monthly quality checks, due to other business pressures caused by the Covid-19 pandemic. This meant there had been no effective manager or provider oversight of the service since August 2021.
- Staff had not been clear about their roles and responsibilities during this time, and a number of changes had been made which affected the smooth operation of the service. For example, one staff member told us, "The previous manager came and made changes to things. Roles were confused, there was no communication and it wasn't clear who should be doing what."
- There were no systems in place to identify where learning was required, and care could be improved. There was no service improvement plan in place.

Quality assurance systems were not operated effectively, and regulatory requirements were not always met. This was a breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Notifications were not always made in line with legal requirements.
- DoLS applications had been approved for seven people. Notifications were not submitted in respect of these approvals.
- Records also detailed four incidents where one person was aggressive towards another person living at the service. Notifications were not submitted in respect of these incidents.

Notifications were not made in line with legal requirements. This was a breach of regulation 18, Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009.

- The new manager (in their previous role as deputy manager) and senior staff had implemented and completed a range of audits. Although these were not completed every month, they did provide some oversight and action was taken where concerns were identified.
- The new manager had identified concerns ahead of this inspection and had begun to address them. A robust quality assurance structure had been created. Time was needed for team leaders and the acting deputy manager to complete these audits and for the systems to embed.
- The resource manager told us they were re-instating the three-monthly quality checks and had learnt lessons from the past 12 months.

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

- The culture of the service had not always been positive or inclusive.
- Staff told us that the previous manager's approach had created conflict between the staff team, one said, "There's been a lack of consistency and I hope that's going to change."
- The lack of clear leadership and expectations meant different team leaders worked in different ways, and people could experience different outcomes depending on which staff were on duty.
- A number of staff had used the provider's whistleblowing policy to raise concerns about the previous manager. These were still being investigated by the provider when they resigned.
- There had been no staff meetings held and no format for staff to give feedback.
- There were no systems in place to gather feedback from people who lived at the service, or their families.

The culture was not always person-centred, open, inclusive or empowering. This was a breach of regulation 17, Well led, of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- The new manager had made immediate changes and held a number of staff meetings in the weeks leading up to this inspection. Expectations were made clear and staff told us they felt confident in their ability. One staff member said, "I can see improvements already." Another staff member told us the new manager had "been very supportive" and a third said, "I would say it feels a lot calmer."
- The new manager had recently sought some feedback from peoples' family members, which was positive. One person's family member said, "I am delighted with the care, attention, and room that my husband has at Mapleton." Another said, "The biggest asset to the home is the staff. They are open, honest and above all else deliver a great standard of care to my father. During the pandemic they were amazing. If I were to have to go into residential care I would want to be placed into Mapleton."

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

- Managers and staff understood their responsibility to be open and honest with people where something goes wrong.
- Some concerns had been raised by staff that the previous manager had not reported medication errors in line with the provider's systems. Changes had been made to ensure all errors were correctly reported.
- One family member told us, "If there are ever any issues, they always phone me."

Working in partnership with others

- Staff worked with other health professionals to ensure people received the appropriate support.
- One staff member told us, "We are in close contact with the (local support team for people living with dementia) and we have regular meetings." Another said, "The district nurses are really good with us and we communicate well with them."

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	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not always supported in line with The Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not operated effectively, and regulatory requirements were not always met. The culture was not always person-centred, open, inclusive or empowering.