

White Rose Care Maylands

Inspection report

Grosvenor Road
Whitstable
Kent
CT5 4NN

Tel: 01227770232
Website: www.whiterosecare.com

Date of inspection visit:
11 October 2021
13 October 2021

Date of publication:
30 November 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Maylands is registered with the Care Quality Commission (CQC) to provide two services. Maylands is a residential care home providing personal and nursing care to 16 people who have a learning disability and some people are living with dementia at the time of the inspection. The residential care service can support up to 18 people.

Maylands is also registered to provide a supported living service which delivers personal care to people in their own homes. The service was supporting 17 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. One person was in receipt of personal care.

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

People and their relatives told us they were happy and safe living at Maylands residential home. However, we found that medicines were not always managed safely. When people were living with health conditions, there was not always guidance for staff when people became unwell, to keep them safe. Accident and incident oversight was not robust and did not consider factors such as time incidents took place. Information was not reviewed for the service as a whole to look for trends and patterns. We found that people had not been harmed, however management oversight in these areas had failed to identify these issues.

There were systems in place to protect people from abuse. The registered manager ensured there were sufficient numbers of staff to keep people safe. There had been amendments made to the environment to keep people safe. For example one person had a lower bed to allow them to get into and out of bed independently. The service was clean, and the risk of infection had been mitigated.

Staff had the training and skills to meet people's needs. Staff told us they were well supported by the management team. People were supported to eat and drink enough to keep them healthy. When people's needs changed they were reviewed by healthcare professionals such as speech and language therapists.

We observed staff to be kind and caring towards the people they supported. There was a clear mutual respect and fondness between people and staff. Staff advocated on behalf of people, but ensured people made the decisions they could for themselves. People were supported to as independent as possible.

People, relatives, staff and healthcare professionals had been asked to give feedback on the service. This feedback was used to improve the quality of the service. Feedback from all stakeholders was positive and we observed a positive culture within the service.

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

did this practice.

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

Whilst the size of the service is not in line with best practice guidance would recommend for people with learning disabilities, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People had been encouraged and supported to maintain their independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. We observed staff to be kind and caring towards people.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. There was a positive culture within the service, which supported good outcomes for people.

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 Outstanding (published 31 March 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 have found evidence that the provider needs to make improvements. Please see the safe 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.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Maylands

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

This service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we tried using this communication tool with one person to tell us their experience.

We spoke with six members of staff including the registered manager, deputy manager, senior care worker and care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

Using medicines safely

- Medicines were not always managed safely. Two people had pain relief patches, which are required to be repositioned to a different site to help prevent skin irritation or possible skin breakdown. Staff did not record the position of where the patch was applied and could not demonstrate they were applying the patch in line with guidance.
- The system in place to administer and record the administration of medicines at night was not robust. The registered manager told us staff only had access to some medicines and some medicine administration records (MAR). As a result, when we completed a reconciliation of medicines, we found that the stock did not match the documented numbers. The manager confirmed this was due to staff administering medicines at night, but not signing the MAR as they had not had access to it. There was a risk people would not receive their medicines as prescribed or receive the wrong medicine.
- We found some entries on MAR had been updated and written by hand. Handwritten entries had not been double signed by staff in line with current guidance.
- Some medicines required a double signature when administering them. Records showed these had not always been double signed.

Assessing risk, safety monitoring and management

- Risks to people had been assessed but guidance in place was not always up to date or with enough detail. For example, when people were at risk of choking, there was no guidance for staff to follow should the person choke.
- One person was at risk of constipation. Their care plan was not clear on time frames or what steps staff should take if they were concerned the person was constipated. One staff we spoke with said that they would take different steps which were not documented. Records showed there had been occasions when the person had not had a bowel movement and had not been administered any medicine to support this.

The registered person failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. The registered person had failed to manage medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The registered manager used an online system to review any accidents and incidents and learning from these were shared with the staff team during handover. People had been referred to the GP or the falls team when staff had concerns with changes to their mobility.
- There was no oversight of accidents and incidents, to review for trends and patterns for example to review

if incidents occurred at a similar time of day. We discussed this with the registered manager who assured us this would be implemented. We will check this at our next inspection.

- Risks to the environment had been assessed and mitigated. For example, staff took temperatures of water at the service to protect them from the risk of scalding.

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Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse. Staff received training in safeguarding and were able to describe to us how they protected people from the risk of abuse.
- When safeguarding concerns or potential concerns were raised the registered manager acted accordingly, notifying the relevant authorities.
- We observed people to be happy in the presence of staff, laughing and joking. People's relatives told us they felt they were safe as there were measures in place to keep them from harm, and staff were always present.

Staffing and recruitment

- We observed there to be sufficient staff to meet people's needs and keep them safe. People and relatives we spoke with told us there was sufficient staff.
- The registered manager determined how many staff were needed on duty based on people's funded hours, and by working regular shifts.
- Checks had been completed on staff before they worked with people, for example staff had completed application forms with a full employment history. Checks had been completed with the Disclosure and Barring Service to check for any criminal records or professional misconduct.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Before people moved into the service, their needs were assessed to ensure staff could meet them. The assessment considered a range of things that could affect the person, and what was important to them including their religious beliefs.
- The registered manager and staff used a number of tools to assess people's needs and changing needs. For example a MUST tool was used to identify if anyone was at risk of malnutrition.
- People had been supported to visit and move into the service safely in line with current Covid-19 guidelines. People who were potentially looking to move to the service were informed of steps to take to keep themselves and the people currently living at the service safe. For example, one person had been asked to isolate prior to being admitted to the service.
- Staff and the registered manager worked with healthcare professionals to ensure they were up to date with best practice guidance in relation to supporting people with dementia. Staff had training on dementia and understood and recognised people's needs could change daily.

Staff support: induction, training, skills and experience

- Staff had good understanding of people's needs and knew how to support them. We observed staff utilising different communication to communicate with each individual.
- Staff had received training in a range of subjects including supporting people with learning disabilities and dementia. A healthcare professional told us, "They get that training in place immediately when people's needs change."
- Staff told us they received the support they needed to carry out their roles. Staff had regular supervision with the registered manager and told us they felt well supported.

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

- People were supported to eat and drink sufficient amounts. People were given choices of what food they wanted, and staff knew people's preferences well. There was a pictorial menu on the wall for people who were not able to read the menu.
- Some people needed support with eating their meals. Staff supported people with kindness and patience and took the lead from people. Staff understood that people's abilities to eat independently could change from day to day, so they encouraged people to eat independently and only supported them when the person was not able to eat independently.
- People told us they enjoyed the food. We observed people enjoy a takeaway from the fish and chip shop. Each individual was asked what they wanted to eat and were supported where necessary to add sauces of their choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives and access support and healthcare services. People were involved with a range of healthcare professionals to ensure they received the support they needed.
- When people's needs changed, staff organised for them to be assessed by different healthcare professionals, for example when someone's health declined, they were assessed by the speech and language therapist to see if they needed any changes to be made to their food.
- A healthcare professional told us, "Any concerns staff pick the phone up and address it quickly with the GP."

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

- The service has been adapted and personalised to meet people's needs. For example, showers and baths were accessible for wheelchair users.
- People's bedrooms were decorated and personalised to people's tastes. People showed us items within their bedrooms which made them smile, including photographs of loved ones, posters of singers, and memorabilia of sport they enjoyed.

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 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 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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff we spoke with had a good understanding of MCA and were passionate about people making choices for themselves.
- One person had a Do Not Attempt Resuscitation (DNAR) put in place without consulting them, which staff supported them to successfully challenge and remove. A healthcare professional told us, "Staff advocated for them very well."
- When people lacked the capacity to make complex decisions, for example should they have the Covid-19 vaccine, staff organised best interest meetings. All stakeholders were involved in making a decision in the person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question is now Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people to be happy, singing, dancing and smiling during our inspection. People showed fondness and affection towards staff members. We observed countless positive interactions between people and staff. Some people had different names they used for staff to show their fondness of them.
- Relatives told us people were treated with kindness. One relative told us, "They [staff] are ever so good. They are so friendly. There have never been any issues."
- Staff told us there was a family feel to the service. Some people had lived at the service for a long time and staff knew them well. A relative told us, "I feel relaxed and happy that he is fine. I never worry that there is an issue I just know he is happy here."

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

- People had been supported to express their views. For example, one person stated they wanted to do more for themselves. A breakfast bar was introduced to support them to make their own breakfast.
- Staff were able to give examples of how people were involved in their care. From making decisions about their health, or simple every day choices about what to drink or eat or what to wear.
- People were supported to spend time doing the things they enjoyed. We observed some people watching TV in their rooms, laughing at their favourite programs, whilst others completed puzzles or interacted with staff. One person was decorating their room with staff for Halloween and showed us pictures of how they celebrated previously.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. One person went to the bathroom and forgot to close the door. Staff closed the door and waited outside to protect their privacy and dignity and gave them the space they needed to keep their independence.
- Some people's needs changed daily. Staff understood this, and asked people what they wanted to do that day, if they wanted to rest in bed or join everyone else in the living room. When people became tired and wanted to rest, staff recognised this, and supported people to their bed to rest.
- Some people had adapted furniture to enable them independence to get into and out of bed on their own.
- A healthcare professional told us, "They are very caring, the care is second to none."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question is 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

- We observed people to receive personalised care responsive to their needs. Staff understood people's individual communication styles and knew their preferences well. We observed staff change their approach from person to person.
- Care plans reviewed for people who used the supported living service were detailed and personalised. People had been asked if they wanted to be involved in the creating and updating of their care plans.
- People at the supported living service were being supported to reach their goals, for example some people had jobs and some people provided support at Maylands residential care home.
- People from Maylands residential care home had also been supported to achieve goals, such as visit the pub or play football.
- People had been supported to create memory boxes. The boxes contained photographs of people taking part in activities they enjoyed and people they cared for. These boxes would be used to support them in the event their memory deteriorated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format they understood. Some people were not able to verbally communicate their needs. Staff knew them well and how to share information with them.
- People who lived in the supported living service were able to verbally communicate their needs to staff.

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

- People had been supported to take part in activities they enjoyed. Prior to the pandemic, people visited day services, took part in local groups and the service had regular events and parties which relatives told us they enjoyed.
- During the pandemic, people missed going to the pub for a drink or some lunch and popping to the shop. Staff built a bar in the garden where people could meet for a drink and opened a small shop where people could purchase snacks or magazines. If people wanted items that were not in stock, staff would purchase them from shops and then bring them to the service. A healthcare professional said, "They were innovative during lockdown, there was always something going on."
- People were supported to take part in activities within the service, and these were adapted to keep people

safe. For example, hallway bingo was created for people who were in their rooms to be engaged in activities.

- People were supported to maintain relationships with their families. A healthcare professional told us, "They have a fantastic relationship with families. It's a big focus of theirs. There was always an event, someone's birthdays or Halloween, families were always included in that."

Improving care quality in response to complaints or concerns

- One concern had been raised since our last inspection. The registered manager responded to the concern raised and sought support from healthcare professionals to ensure information was better shared with all stakeholders.
- Healthcare professionals and relatives had given positive feedback to staff about the quality of care people received. One relative had said, "Thank you for caring for [them] in the last few weeks of [their] life. We really appreciate the work that you do looking after the residents and giving them the quality of life they deserve."
- Relatives we spoke with said they were happy with the care their loved ones received, and knew how to raise concerns, although they had not had to.

End of life care and support

- People had been supported to remain in their homes surrounded by friends, relatives and staff they knew at the end of their lives. People had been supported to have a dignified end of life.
- Staff worked closely with healthcare professionals to support people at the end of their lives. Staff worked with the hospice and district nurses to ensure people had access to medicines and support they needed.
- Staff had received cards and letters from relatives. Comments included; 'We will always be grateful and appreciate the kindness and compassion you have shown,' and 'It has been so comforting to know how well [our loved one] was cared for and indeed loved during their time with you. Fairy on the cake, singing, dancing and balloons – what a wonderful way of saying a final goodbye.'

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question is now 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

- Care plans we reviewed for people living at Maylands residential service were not up to date, and reflective of people's current needs. Risks to people had not been updated and care plans lacked guidance staff needed to support people with changing needs.
- There was no robust audit system to review care plans. The registered manager informed us they reviewed care plans regularly, or on an as and when basis. However, the care plans we reviewed for the people deemed to be at the highest risk were not up to date.
- Medicine audit systems had been ineffective in highlighting poor practice regarding medicines administration. Up to date guidance around medicines recording was not known by the registered manager and staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us there was a positive culture within the service. Staff told us there was a great atmosphere within the service, where they worked together to provide good outcomes for people.
- We received positive feedback from people, relatives and staff. People had been supported to maintain as much routine as possible and socialise when they were able to during the pandemic.
- The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the registered manager had been open and honest, and understood their responsibility to comply with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us they were kept well informed about their loved ones, especially during the pandemic. Feedback we received from one relative said, "Communication has been excellent."

- People, staff and relatives had been asked to provide feedback to the service, which was positive. One relative said, "For all care staff thank you all for keeping them safe your commitment to caring for them throughout the pandemic and supporting them to keep active and healthy and keeping contact with us."
- Healthcare professionals had contacted the provider to feedback, "I truly do believe that all the services are wonderful an offer such amazing care and support."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The registered person failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. The registered person had failed to manage medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Systems were either not in place or robust enough to demonstrate safety was effectively managed.