

Burlington Care (Yorkshire) Limited

Maple Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Maple Court is a care home providing personal and nursing care up to 64 people aged 65 and over, some of whom may be living with dementia. When we visited 38 people were using the service.

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

Since the last inspection the provider and new registered manager had worked closely with professionals to implement new systems and recruit new staff. Significant improvements were seen at this inspection and the systems to check for quality and safety had sustained good levels of care for several months prior to this inspection. This demonstrated they were effective.

The staff team had been inducted, supported and trained which had brought stability to the service. Staff understood their roles clearly and they knew what was expected of them. People were treated with respect and dignity, they were also supported to maintain their independence.

People's needs and preferences were known by the staff and this had led to people receiving person centred, responsive care. Staff had worked to improve or maintain people's quality of life. Feedback from people and their relatives was positive and they also were able to tell us about the improvements they had felt in the quality of care they received. Staff had developed positive relationships with people which led to people feeling safe and happy.

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

The environment had been designed to keep people safe and help people living with dementia to find their way independently. People enjoyed access to a secure garden and were supported to access the community to take part in local activities. People told us they were offered a wide variety of activities to take part in if they chose this.

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

Rating at last inspection and update

At the last inspection we gave the service a rating of inadequate (published 15 October 2018) and there were multiple breaches of regulations. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 15 October 2018. 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 no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Maple Court

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 planned this inspection to check 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.

Inspection team

On day one an inspector, an assistant inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited on day two.

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

The service had a manager registered with CQC. 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

Day one of this inspection was unannounced. We told the provider we would be visiting on day two.

What we did before inspection

We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the 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.

During the inspection

We spoke with six people who used the service and eight relatives about their experience of the care

provided. We spoke with 13 members of staff including the nominated individual, registered manager, deputy manager, nurses, senior care workers, care workers, activities workers, housekeeper and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 spoke with two professionals who regularly visit the service.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had not ensured sufficient numbers of staff were on shift to care for people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 18.

- There were enough staff on shift to enable people to do the things they enjoyed and they received care and support in a timely way. The registered manager had a system to check people's needs and the number of staff needed to care for them.
- The provider operated a safe recruitment process.

Using medicines safely

At our last inspection the provider had not ensured safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this topic area.
- People and their relatives told us they felt the service was safe. A relative told us, "I can go home at night and know my family member is looked after. I feel they are safe."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People were supported with skill and professionalism by staff when they exhibited distress or anxiety. This enabled people to be in control and have choices to guide them through their anxiety. Positive outcomes for people had been achieved because of this approach. One person's incidents of anxiety had reduced significantly. They were observed smiling and actively engaging in their day in a relaxed way. Their overall wellbeing had improved.
- Care plans and risk assessments did not describe how staff successfully supported people with their anxiety. The registered manager agreed to make changes to the care plan system to reflect this.
- Staff supported people to take positive risks to maintain their independence. For one person living with dementia this enabled them to access the local shop independently.
- The environment and equipment were safely managed.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible.

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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff received appropriate support, induction and training to enable them to fulfil their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 18.

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Nursing staff had been supported to maintain their knowledge and professional registration.
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. Group supervisions had been carried out for staff to work together to understand and reflect on their practice. The registered manager told us, "We empower our staff and this helps them work better."
- Additional training for staff and nurses had been carried out so they understood how to care for people with specific medical needs.

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

At our last inspection the provider had not ensured people's nutritional and hydration needs were met. This was a breach of regulation 14 (Meeting Nutritional and Hydration Needs) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 14.

- Staff supported people to understand the menu choices which had been made available in pictorial format. Where needed people had access to adapted cutlery and equipment so they could eat and drink independently. Where people required specialist diets this was catered for.
- People's weight and diet were monitored effectively. Professionals had been involved to understand how to best support them.
- People enjoyed their food and had opportunities to provide feedback and make suggestions about the

menu. The temperature of the food had been mentioned in various forums. The catering team and registered manager were working to understand how they could ensure people received food at their preferred temperature.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were thorough and people's expected outcomes were identified. Care plans were regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, staff understood how to support people living with dementia to communicate their choices and take part in daily activities.

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

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. People had received support to maintain their health with regular access to GPs, dentists and other services.
- Information was recorded and available to be shared with other agencies if people needed to access other services such as hospitals.
- Good health outcomes had been achieved for people through staff working with other professionals. For example, one person who suffered from recurring infections and had been frequently admitted to hospital had been infection free for four months due to effective joint working.

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

- People were able to find their way around the environment because it had been adapted to meet the needs of people living with dementia. For example, bedroom doors were painted in contrasting colours. The name of the person and a box with unique items like photographs were on the wall so they knew it was their room.
- Where people needed specific adaptations to aid them they had been completed. One person enjoyed gardening and had raised planters for this; another person had their bathroom colour changed so they were able to see the room better.
- People enjoyed a secure garden where they could spend time with family and friends.

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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions they had been made in their best interests. Records to evidence those decisions were not always clear. The registered manager agreed to do this following the

inspection.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had not ensured people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 10.

- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- People were supported to focus on their independence in all areas of their lives.
- People were treated with dignity and staff ensured people received care and support how they preferred. One person told us, "I have no complaints. I have come to terms with accepting support from younger staff. They give your privacy and I have been treated very respectfully."

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

- People were treated with kindness and the caring relationships they had with staff impacted positively on their feelings of wellbeing. One person told us, "All staff seem to be caring and they go out of their way to be professional in what they do." A relative said, "The care here has improved enormously."
- Work to support staff to understand people's life history was underway. This is a known way of staff developing positive relationships with people. A relative told us, "Staff are caring and friendly, it is more than caring, it is bonding. They are really interested in people."
- Night staff told us the registered manager had changed the times of the night shift which had helped them develop relationships with people. One staff said, "We have time with people and can chat to people. It helps settle the night shift. It is lovely for us all."
- People were actively listened to and their choices respected. Where people were unable to express their needs and choices, staff had started to understand their way of communicating. Staff observed body language, eye contact and used symbols to interpret what people needed.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people such as advocacy.

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 inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not ensured staff received appropriate up to date information to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. We spoke with staff about their person-centred approach and they were able to tell the detail of people's routine and preferences. For example, what juice people liked with breakfast, their preferred time to get ready for bed and where they liked to sit when their spouse visited.
- One relative explained how the registered manager and team had worked hard to ensure a smooth transition from home to Maple Court for their relative. They told us, "[Name of registered manager] is a lovely young lady. Staff were all waiting to welcome my relative. Even the laundry staff came to say hello, they are so welcoming."
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted this.
- People had experienced good outcomes due to the person-centred approach of staff. One person's posture had greatly improved, they were communicating positively with staff and a lot more relaxed in their environment. A member of staff told us, "[Name of person] has come on leaps and bounds." A relative told us, "When my family member arrived at Maple Court they were under fed and mentally tired and confused. Slowly as the months go by I have noticed their health has improved and they need less and look more content. I have been nothing but impressed with the care and dedicated staff team. Staff go over and above to make my family members life as comfortable as possible which results in them enjoying their remaining years."

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's communication needs were identified and staff understood them. Information was available in different formats for people to use.

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 were supported to develop and maintain friendships and relationships. This included spending time with relatives where possible. Relatives were provided the weekly activities programme so they could visit and join in with their family member.
- Access to activities supported to people to meet new people and maintain friendships. People told us they enjoyed a range of outings and in-house activities. People were alert and actively involved where they chose this. One person told us, "I really enjoy whatever they put on for us."
- Relationships had been developed with local groups such as the church, dementia choir and the local primary school to enable people to access them. People had also accessed the local theatre and enjoyed dementia friendly performances.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to by the new registered manager.
- The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care and respected people's religious beliefs and preferences.
- Work to gather people's preferences and understand any religious or cultural needs had started.
- Staff worked in conjunction with the local healthcare professionals to ensure people received a pain-free and dignified end of life.

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had not ensured systems were in place and operated effectively to keep people safe. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality. The provider had worked alongside the local authority and Clinical Commissioning Group to make and sustain improvements since the last inspection. A visiting professional told us, "[Name of registered manager] has been an absolute pleasure to work with. In the few months I have been involved the atmosphere has improved, staff are also more motivated. The registered manager has been a light of inspiration, desperate to make people's lives better. I have true confidence in them."
- Regular checks had been completed by the staff, registered manager and provider to make sure people were safe and that they were happy with the service they received.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care. Significant improvements had been made to safety, people's experience of using the service and their outcomes.
- Staff told us they felt listened to and that the registered manager was approachable.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff told us, "[Name of registered manager] absolutely listens, even if something small, or poor practice is observed they would address everything. It is constructive for us and we know what standard is expected of us. They are working with us."

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

- The registered manager had displayed an open approach and listened to people, relatives and staff when things went wrong. They had been honest and worked in partnership to make improvements.
- The provider had reflected on the previous rating of inadequate to understand what lessons could be learnt to prevent the quality and safety deteriorating again. New reporting structures and checks were being completed as a result.

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

- Feedback from people and their relatives, including surveys and meetings was used to continuously improve the service.
- There was a skilled workforce and the registered manager empowered people and staff to speak up freely, raise concerns and discuss ideas.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Such links supported the service to develop.