Ideal Carehomes (Number Two) Limited

The Maple Residential Care Home

Inspection report

Dover Road,
Stockton on Tees,
TS19 0JS
Tel: 01642 733580
Website: www.idealcarehomes.co.uk

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

The inspection took place on 03 and 08 June 2015 and was unannounced, which meant the staff and registered provided did not know we would be visiting on the first day of the inspection. At the time of our inspection visit the service had 40 people living there.

The Maple is a purpose built care home. It provides residential care and accommodation for up to 63 people, including older people and people with dementia. Accommodation is provided over three floors, with each floor having private bedrooms with en-suite facilities, and communal bathrooms, lounge and dining areas. The home has a secure garden area and private parking facilities.

The registered provider of The Maple changed in March 2015 and is now Ideal Carehomes (Number Two) Limited. The new registered provider took over the existing home, management and staff. The service had a registered manager, who has been registered with us in respect of

Summary of findings

the service's new registration since 13 March 2015. Before this they were registered as the manager for the service under the home's previous registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they were safe and could raise concerns if they needed to. Staff were aware of safeguarding and whistle blowing [telling someone] procedures. People using the service, relatives and staff told us that management listened and acted on feedback.

Safe arrangements were in place for staff recruitment and there were sufficient numbers of staff on duty to meet the needs of people using the service.

The service had health and safety related procedures, including systems for reporting accidents and incidents, and maintaining equipment. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. However, we found that improvements were needed to ensure that people were kept safe with regard to the frequency of staff fire drills.

We also found that improvements needed to be made in regard to management of medicines, to ensure that people's medicines were available and administered safely in accordance with their prescription.

People were cared for by staff who were appropriately supported and provided with training to help them carry out their role. People who used the service told us that their staff were competent and looked after them well. Staff told us they were well supported by the registered manager and were provided with the training they needed. Training and staff supervision records were available to evidence this.

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were also able to describe the principles of the MCA and how people's legal rights should be protected. At the time of our visit 3 people living at the home were subject to the DoLS.

People told us that they received plenty of food and drink, with a choice of regular meals and snacks provided. Records showed that people's nutritional wellbeing was assessed and monitored. We saw that staff were aware of people's individual dietary preferences and needs. Where people had lost weight systems were in place to monitor this and ensure that action had been taken to support the person to maintain an adequate diet.

People told us that they were supported to access healthcare professionals when needed and the records we saw supported this. A healthcare professional who visited people at the Maple told us that they had no concerns about the care people received and that staff involved them when needed and acted on their advice.

People who used the service told us that staff were caring, treated them well, respected their privacy and encouraged their independence. Staff were able to describe how they worked to maintain people's independence, privacy and dignity.

People's care records showed that their needs had been assessed and planned. People told us that they received the care they needed and were well looked after. Staff were able to tell us about people's individual needs and how they met these. However, the person centred detail that staff described to us was not always written in people's care plans, which lacked detailed, individual information.

Information about raising complaints was on display and people told us that issues and concerns they had raised had been listened to and acted on. A record of complaints and the actions taken in response was available and showed that complaints have been investigated and responded to by the registered manager.

Activities and social events were provided by care staff on a regular basis. However, the provision of meaningful activities would benefit from further development to help ensure that they were appropriate and accessible to everyone using the service.

The new registered provider was in the process of making changes to the home's management structure, to provide more management support in the home. People who used the service knew who the registered manager was

Summary of findings

and told us that they were approachable and visible throughout the home on a regular basis. Staff felt that the registered manager was approachable, supportive and listened to them.

A system of audits and checks was in place to help ensure that people received a good quality service. Regular meetings with people who used the service, relatives and staff took place and included asking people for feedback on their experiences.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People who used the service were protected from abuse, by staff who understood how to recognise and report any concerns. Staff were recruited safely and there were enough staff to meet people's needs.

Health and safety, maintenance and emergency procedures were in place to help ensure people's safety. However, staff had not completed regular fire drills. Medicines were not always managed and administered safely for people and records had not been completed correctly.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to do their jobs.

The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and DoLS.

People were supported to maintain an adequate diet, with additional support provided if people were at nutritional risk.

People also had access to healthcare professionals and medical care when needed.

Is the service caring?

Good

The service was caring.

Staff were caring and respected people's privacy and dignity. People said that staff were kind, and we saw staff treating people well during our visit.

People we spoke with told us that staff listened to them and respected their wishes.

Is the service responsive?

Good

The service was responsive.

We saw that people's care was provided on an individual basis, based on people's individual needs and preferences. However, the care plans we saw didn't always include a lot of detail about peoples needs and wishes.

People felt able to raise any issues or concerns and had confidence in the registered manager dealing with any issues brought to their attention. People also had access to information on how to make formal complaints if they needed to.

Summary of findings

Activities and social events were provided on a regular basis, but the provision of meaningful activities would benefit from further development to ensure that everyone using the service benefited from them.

Is the service well-led?

Good

The service was well led.

The registered manager was well thought of by people using the service, relatives and staff.

The new registered provider was in the process of putting in place a stronger management structure to help support the registered manager and staff.

People expressed satisfaction with the standard of their care. Quality monitoring systems were in place and included asking for feedback from people who used the service, their relatives and staff.

The Maple Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 03 and 08 June 2015 and was unannounced. This meant the staff and registered provider did not know we would be visiting on the first day of our inspection.

The inspection team consisted of one adult social care inspector and one pharmacist inspector.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information we held relating to the service's recent registration process. We spoke with the responsible commissioning officer from the local authority commissioning team about the service. We also looked at the notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, information we requested as part of the inspection was provided quickly and professionally.

At the time of our inspection visit the service was occupied by 40 people who received residential care and support. The inspector spent time talking to six of the people who used the service. We also spoke with four relatives and spent time in the communal areas of the home.

During the visit, we spoke with 10 staff members, including the deputy manager, registered manager and area manager, five care staff, the cook and kitchen assistant.

During the visit we spoke with a community nurse and paramedic who were visiting the home.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and 17 people's medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Requires improvement

Is the service safe?

Our findings

We had received two notifications from the service about incidents or mistakes involving medicines since March 2015. Because of this we included a pharmacist in the inspection team.

We looked at how medicines were handled and found that the arrangements were not always safe. When we checked a sample of inhalers for two people and liquid medicine for one person alongside the records we found they did not match up, so we could not be sure if people were having their medication administered correctly. Two medicines were not available for two people and for another person one medicine was out of stock on three consecutive occasions. This meant that arrangements for ordering and obtaining people's prescribed medicines was failing, which increases the risk of harm.

All medicines were administered by staff who had received training and had been assessed as being competent to administer medicines. We watched a senior carer giving people their medicines. They followed safe practices and treated people respectfully. Arrangements were in place to ensure that special label instructions such as 'before food' were followed when administering people's medicines. We saw that the Medication Administration Record sheets (MARs) had photographs in place to assist with positive identification when administering medicines. New arrangements had been made for the application of creams by care workers. However, the records showing the application of creams were not always completed. This meant that it was not always possible to tell whether creams were being used correctly.

We looked at the guidance information for medicines prescribed 'when required'. Although there were arrangements for recording this information we found that information was missing for some medicines. For example, one person was prescribed two medicines that could be used for pain. There was no care plan or guidance in place to assist senior care staff in their decision making about which would be the most appropriate to use.

Medicines were kept securely. Records were kept of room and fridge temperatures to ensure they were safely kept. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. We looked at how medicines were monitored and checked by managers to make sure they were being handled properly and that systems were safe. We found that whilst the home had completed a medicine audit recently it was not robust and had not identified the issues found during our visit. These findings evidenced a breach of Regulation 12 (2) (f) & (g) Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at the arrangements that were in place to ensure the safety of the premises. We looked at the home's maintenance records. The home's fire equipment, electrical installations and manual handling equipment had all been serviced and inspected appropriately. Regular tests of the emergency lighting and fire equipment, water temperatures, window restrictors and flushing of water outlets were recorded by the services maintenance personnel. This showed that routine servicing and inspection of the home's premises and equipment was taking place to help maintain people's safety.

A fire risk assessment had been completed in March 2015 by a specialist company. An inspection by the fire authority had taken place in May 2015 and, although finding the home "broadly compliant", identified a number of areas for improvement. An action plan had been put in place to address these issues and was being implemented by the provider. However, we found that only one fire drill was recorded, taking place in June 2015 and involving 12 staff. We asked the registered manager if this was correct and they confirmed that it was. These findings evidenced a breach of Regulation 12 (2) (c) Health and Social Care Act (Regulated Activities) Regulations 2014. We discussed the need to ensure regular fire drills took place with the registered manager and area manager, so that all staff (including night staff), were competent and confident in the event of a fire.

The people who used the service told us that they felt safe at The Maple. The relatives we spoke with also felt that their relatives were safe and received good care.

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. The service provided us with a copy of their adult safeguarding policy, which had been updated in May 2015 to reflect recent legislative. Staff told us that they had been trained to identify and respond to suspicions or allegations of abuse and the training records we saw confirmed this. The staff we spoke with were able

Is the service safe?

to describe the different types of abuse and how they would report any concerns. Staff said they would feel comfortable raising safeguarding or whistle blowing [telling someone] concerns with the management team and were confident that any concerns would be handled appropriately and professionally. One staff member said "I would report them straight away. At the end of the day its somebody's mother or father and I wouldn't like my parents to be treated that way."

We had received appropriate notifications from the service regarding incidents that had been referred to the local safeguarding team. The registered manager also showed us the monthly safeguarding tracker they used to monitor the actions that had been taken and identify any trends or issues that required further intervention. We found that the service had taken appropriate action to protect people from abuse and to ensure that any concerns were reported and investigated appropriately.

We looked at the arrangements that were in place for risk assessment and safety. The service provided a copy of their health and safety policy, which had been reviewed and updated in May 2015. This set out the health and safety responsibilities of the service and its staff. We saw records of a health and safety audit that had been completed in May 2015. This included an action plan for any identified improvements. The service had considered emergency events and had made plans to ensure the safety of people who used the service if an emergency arose. For example, we were shown the business continuity plan and saw that relevant information and contact details were available in an 'emergency' folder. The folder included personal evacuation information so that staff could ensure that individuals were safely evacuated from the premises in the event of an emergency.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. For example, risk assessment were in place to help identify individual risk factors, such as safe manual handling, falls, nutrition, managing medicines and maintaining skin integrity. This helped to provide staff with information on how to provide people's care safely.

On 24 June 2015 the home received a visit from an environmental health officer and was awarded a 5 star rating (the best rating available) for food hygiene.

We looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. The manager showed us the records of monthly accident summaries and falls analysis that they completed. These showed that they were being monitored to help ensure that all appropriate actions were taken.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. The service provided a copy of its recruitment policy, which set out how the service would ensure that staff were recruited safely and in line with regulatory requirements. We also checked the recruitment records for four staff. These showed that staff had been subject to a thorough recruitment process which included completing an application form, providing a full employment history, attending a formal interview, and obtaining written references and a Disclosure and Barring Service check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. We found that the service recruited staff safely.

We looked at the arrangements that were in place to ensure safe staffing levels. We talked to the registered manager and area manager about staffing levels at the home and how these were determined and reviewed. A new management and staffing structure was being put in place by the new provider. However, this was not fully in place at the time of the inspection. Monthly dependency statistics were produced to help the registered manager monitor the dependency levels of people using the service and we were shown these for May 2015. The registered manager and area manager described how staffing would be increased as occupancy levels increased. They also described how additional staffing was provided when needed and gave an example of how staffing had been increased over a recent weekend to provide additional support because of someone's needs.

The management and staff we spoke with confirmed the following staffing levels were being provided at the time of our visit: During the day a senior carer and two carers were on each floor, currently caring for between 10 and 16 people. There was also support from the deputy manager,

Requires improvement

Is the service safe?

registered manager, cleaning, laundry and kitchen staff during the day. During the night there was a minimum of one senior and four carers on duty. The rotas we looked at confirmed that the staffing levels described were being provided.

People who used the service told us that staff were available when they needed them. For example, one person said "If I press the buzzer two carers come, they are quite prompt responding." Two relatives mentioned that staff sometimes seemed busy and didn't have a lot of time to sit and chat with people, but they also felt that staff were available when people called them and that people were not being neglected due to a lack of staff. Our own observations during our visit supported this, with staff being available when needed, but not always being visibly present in communal areas or available to spend social time with people. The staff we spoke with did not feel that there were any concerns about staffing levels or that people's care was being effected because of a lack of staff. One staff member told us how they had been listened to by management when they requested more staff. Other staff members told us "It is alright [staffing], not bad, for the people we have in at the moment" and "I think people are getting good care here at The Maple."

Good

Is the service effective?

Our findings

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. All of the people who used the service and the relatives we spoke with told us that the staff were good and provided the care they needed. For example, one person told us "They [the staff] are all alright with me." Another said "The staff are very good."

All of the staff we spoke with told us that they were up to date with their training and were given opportunities to discuss their training needs and request any additional training they were interested in. For example, one staff member told us "There are lots of opportunities." Another staff member told us that their training and support had been "Absolutely brilliant." The registered manager was able to show us evidence that staff had been appropriately trained, by showing us the training certificates in staff files and the home's training chart. They were also able to tell us about the training they were planning to deliver to help keep staff up to date.

We looked at the arrangements that were in place to ensure that staff were adequately supported, through effective supervision and appraisal systems. The staff we spoke with told us that they felt well supported and could approach the registered manager for support whenever they needed it. Staff also confirmed that there was an on-call system so that support was always available. The registered manager and area manager told us about the new management structure that was being put in place to support the registered manager. This structure included two deputy managers and night care managers, to help ensure that management was available in the home 24 hours a day.

Staff told us that they attended regular formal supervision sessions and staff meetings. During our inspection we looked at the records of recent staff meetings and supervision sessions. These records showed that staff meetings and supervision sessions took place regularly and included the discussion of relevant procedures, practice and performance.

We looked to see if appropriate arrangements were in place to ensure that people's legal rights were protected by implementation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure the rights of people who need support to make decisions are protected. The DoLS is part of the MCA and aims to ensure people in care homes are looked after in a way that does not inappropriately restrict their freedom, unless it is in their best interests. During our visit we saw that information about the MCA and DoLS was displayed on notice boards and was available in the home's office. Staff we spoke with confirmed that they had received training on the MCA and DoLS and were able to describe the fundamental principles relating to capacity and consent. Our observations showed staff took steps to gain people's verbal consent prior to providing care. The care plans we reviewed contained some basic information about capacity and consent, but some information was missing. For example, the section used to record information about any power of attorney or advanced decisions that were in place had been left blank in two of the records we looked at.

The Care Quality Commission is required by law to monitor and use the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. The registered manager told us they had been working with relevant authorities to apply for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. At the time of our inspection DoLS had been approved for three people who used the service.

We looked at the arrangements that were in place to ensure that people received a balanced diet and the help they needed with eating and drinking. People we spoke with told us that they were provided with a choice of regular meals, snacks and drinks and did not go hungry or thirsty. For example, one person who used the service said "Oh the food is excellent, what I like is they come and give you three choices so you get something you like. I've put on weight since I've come here." Another person said "Food good, but what's the word? Very repetitive, but it is good and plenty of it. Two choices and if you don't want any of them there's something else." One relative commented "She's put on weight and looking much better [since coming to live at The Maple]."

Good

Is the service effective?

During our visit we saw that there were always drinks and snacks available to people. For example, water coolers, crisps and biscuits were available in communal areas so that people could help themselves and snacks and drinks were provided by staff in between meals. We also observed the lunch time meal in the middle floor dining room. We saw that staff assisted people pleasantly and that there was plenty of food available. For example, we saw staff offering people second helpings. The staff we spoke with were able to tell us about people's individual dietary preferences and needs, and we saw these being provided during our observations. For example, one person (who had told us earlier that they did not have a large appetite) was being encouraged to eat by staff giving smaller portion sizes, because staff were aware that they would just push larger portions away. Another person was given finger foods and allowed to eat independently, because staff were aware that this was what they preferred and how they ate the most. However, we didn't see evidence of people who were living with a dementia being enabled to make decisions about their food, through the use of pictorial menus or being shown the different alternatives available at the time of the meal to allow them to choose what they wanted.

We spoke with the cook and kitchen assistant. They told us that care staff informed them if anyone had any special dietary requirements or preferences and that they would always try to accommodate these. For example, the cook described how they catered for one person who now needed a soft diet. They described how they prepared ingredients for soft meals individually, so that the meal was still pleasantly presented and appetising. They also told us how they provided high calorie milkshakes and foods when needed because of concern about people's nutritional wellbeing. The cook told us that they had the resources they needed to provide a variety of nutritious food, including fresh fruit, vegetables and homemade cakes.

We looked at the arrangements that were in place to ensure that people were able to maintain their health, including access to specialist health and social care practitioners when needed. People who used the service and their relatives told us that they could access health professionals when they needed to. During our visit we observed one person being taken for a check up by a family member because they had hurt their arm. Another person was brought back from hospital by the ambulance after a short hospital stay. We also saw that people's care records included information about their involvement with doctors, nurses and other health professionals. One relative told us "They are quick off the mark getting the doctors in and that. I must say that's a good thing." We spoke with a community nurse who was visiting the service regularly at the time of our inspection. They had no concerns about the care people received at The Maple, felt that staff were helpful, involved them when needed and acted on their advice. For example, they told us " I think it is a nice home. Staff seem to know the patients well. There is good communications between the staff. I do think they act on what we ask them to do."

We looked at the arrangements that were in place to ensure that the design and adaptation of the service's premises met the needs of the people receiving care. The home was clean and pleasant, with evidence of new decoration and home accessories in communal areas. We saw that equipment, such as hoists and bathing equipment was provided to help people with physical disabilities. We also saw that assistive technology was being used, such as sensor mats and alarms, to help alert staff that people who could not request help may need them. However, there was not a lot of evidence of the environment being specifically adapted or designed for people living with a dementia. The NICE Guidelines "Dementia: Supporting people with dementia and their carers in health and social care" states that dementia care environments should be designed and adapted to be enabling and aid orientation. Specific, but not exclusive, attention should be paid to lighting, colour schemes, floor coverings, assistive technology, signage, garden design, and the access to and safety of the external environment". We discussed this with the registered manager and area manager, who agreed with our observations and indicated that this was an area the registered provider wished to develop in the future.

Good

Is the service caring?

Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people using the service. People who used the service told us that the staff treated them well. For example, one person who used the service said "I'm well cared for by the carers. They treat me with respect." Another told us "You get really well looked after." None of the people who lived at the home or their relatives we spoke with had ever seen anyone being treated unkindly by the home's staff.

During our visit we observed the way care and support was provided by the staff on duty. We saw that staff were friendly and caring when they approached people and spoke with them, or when care was being delivered. For example, we saw staff asking what people wanted and providing explanations and reassurance to the people they were assisting. When one person became distressed we observed that the staff tried really hard to minimise the person's discomfort, spending a lot of time explaining what was happening and reassuring the person.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. During our visit we observed staff knocking on doors before entering and responding to people's requests appropriately and helpfully. We also saw that personal care tasks were carried out in private. We asked staff how they ensured that people's privacy and dignity was respected. Staff told us how they helped people with personal care in a private place, such as bathroom or bedroom, and shut doors, ensured that curtains were closed and covered people with a towel. One staff member also told us "I talk them [people who use the service] through it, don't just go in and do it, because it's not very nice if they don't have a clue what they are doing."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information and explanations. During our visit we saw that staff explained what was happening to people and gave people choices about their day to day lives. For example, we saw staff offering people choices about the food they wanted, where they spent their time and if they wanted to take part in activities.

People we spoke with told us that staff listened to them and respected their wishes. For example, one person told us how they were supported with their preferred individual morning routine, saying "It is my choice. I have my routine and the carers know that." Another told us how staff invited them to take part in activities and visit the communal areas, but they preferred to spend time alone in their room, saying "I like my own room." One person commented "They ask me if I want things."

We looked at the arrangements in place to ensure equality and diversity, and support to people in maintaining relationships. The relatives we spoke with confirmed that there were no visiting restrictions and that they could come and go at times that suited them and their relative. Some families regularly visited and took their relative out of the home, so that they could maintain the community activities and relationships that were important to them. One relative told us how staff would take the telephone down to their relative's room when they rang to speak with them, so that they could chat in private.

No one at the home was receiving advocacy services at the time of our inspection, but information about local advocacy services was available in the reception area. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, such as their personal care choices.

Good

Is the service responsive?

Our findings

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. The people using the service we spoke with and their relatives, all felt that people received good care at The Maple. People who used the service told us that they felt looked after. Relatives told us that their relative seemed well cared for when they visited. One relative said "Generally the staff are really good. We have peace of mind." Another told us "Since they [their relative] have been in here they are looking 10 years younger."

Since the new registered provider took over in March 2015 the service had put in place new care planning documentation and records. During our visit we looked at four people's care plans and records. Each of these people had the new documentation in place and the records included assessments, risk assessments, care plans and records relating to the individual person's care. The records we viewed contained basic information about people's care needs and showed that risks to people's wellbeing had been assessed. For example, risks associated with nutrition, falls, skin integrity and manual handling. However, the care plans lacked detail about people's preferences and how individual person centred care should actually be delivered. For example, one person's care plan identified that the person would sometimes refuse to let staff clean their teeth, but there was no information on how staff could maximise the chances of the person accepting staff help with this task or what to do if they refused. We also found some example's where information was missing from the care plan, even though discussions with staff and the care we observed showed that staff were aware of these details. For example, according to staff and observations of one person's care the person ate best using their fingers and eating finger foods, but the care plan said that staff should encourage the person to use cutlery and there was no mention of giving foods the person could eat easily with their fingers. We observed staff transferring the same person safely and appropriately using a manual handling belt, but there was no mention of the use of this equipment in the person's care plan relating to mobility. We also saw that none of the care plans we looked at had been signed by the person using the service, to show their involvement and agreement.

We spoke with the registered manager and area manager about the care plans during our visit. The registered manager told us that implementing the new paperwork had been a very large piece of work and had been difficult to complete in the timescales expected by the new registered provider. They acknowledged that there was still work to do on the care plans to ensure that they contained the right level of detail and personal information. A recent care plan audit had been completed in May 2015 and had identified that more information was needed in the care plans, to ensure they were appropriately person centred and detailed. The audit also highlighted that care plans were not being signed by the people using the service. The registered manager and area manager were in the process of developing an action plan to address the issues from the care plan audit and our inspection.

We looked at the arrangements in place to help people take part in activities, maintain their interests, encourage participation in the local community and prevent social isolation. We received mixed feedback about activities and social activity at The Maple. Some people told us that there was plenty going on and that they could join in if they wished. For example, one person told us "They have bingo, and dominos and quizzes, but I like my own room." However, we also received some feedback about how people missed the bus trips that had previously been provided and how staff didn't always have the time to give people the individual one to one social interaction that they would like or that people living with a dementia would benefit from. One person using the service said "There isn't a lot going on like." One relative told us "Quite a bit of activity, but for those who respond to it."

During our visit we saw a variety of activities taking place at different limes and locations, such as games, music and singing, and jigsaws. These activities were supported by the care staff, when they had the opportunity in between care tasks. We also saw that people were encouraged to do individual activities where able, such as knitting, looking at books and magazines and watching television. However, we also saw times when the care staff were busy and people were sat, sleeping in their chairs, with no

Good

Is the service responsive?

meaningful activity taking place around them. The activities we observed taking place were also of the kind that were accessible to the more able people living at the home.

We discussed the provision of meaningful activities and social stimulation with the registered manager and area manager. They confirmed that there was no designated activity coordinator, with the registered provider's approach being that activities and social stimulation was something that all care staff should be involved in providing on a daily basis. We discussed the feedback we had received and our observations. The registered manager and area manager agreed that, although activities and social events were being provided on a regular basis, this was an area for further development.

We looked at the arrangements to manage complaints and concerns that were brought to the service's attention. We saw that information about raising concerns or complaints was displayed in the service's reception area. Information about making complaints was also available in the written information provided in each person's bedroom. This helped to ensure that people knew how to raise concerns or make complaints if they needed too. People we spoke with told us that they felt comfortable approaching staff if they had any concerns and that when they had raised issues these had been dealt with promptly. For example, one person who used the service said "The manager said any complaints just send for me and I'll see to it straight away." A relative told us "If I have a problem I go to them and they get it fixed on that day."

We spoke with the registered manager about complaints and looked at the home's complaints record. There had been two formal complaints since the new registered provider took over the service. The record showed that each complaint had been investigated, appropriate actions taken and a formal response sent to the complaint.

Staff told us that they felt able to discuss issues or concerns with the registered manager. One staff member told us "Jackie (the registered manager) is spot on and she does deal with it straight away". Staff were also aware of how to raise anything with more senior management, such as the area manager or company directors, if they needed too.

Good

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. The home had changed ownership since our last inspection with a new registered provider now being in place. Some of the relatives we spoke with told us that the new provider had held a meeting, informed people of their plans for the home and asked for feedback about the service. We saw records of this meeting, which confirmed that the new registered provider had given people the opportunity to meet and discuss the changes. Feedback from people who used the service, relatives and a visiting health professional was that the change of ownership had not been detrimental to people's care and that there were positive plans for the future.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with us in respect of the service's new registration since 13 March 2015. Before that they were registered as the manager for the service under the previous registration.

People who used the service, and relatives, knew who the registered manager was and felt that they were open and approachable. One relative said "They [the staff and manager] are quite open with us." We saw that monthly meetings for residents and relatives were advertised on notice boards throughout the home. The meetings had been planned and advertised throughout 2015. We looked at the records of recent meetings and saw that people who used the service and their relatives had been asked for their opinions and ideas about various things, including the activities provided within the home. During our conversations with the cook they also confirmed that they were now attending residents meetings, to discuss the menus and get feedback from the people who used the service.

During our visit we observed that the registered manager spent time visiting each floor of the home to see what was happening, to see the people who lived at the home and staff. They confirmed to us that this was something they felt was important and did at least once everyday. We also saw the registered manager taking time to greet relatives and people who lived at the home, asking how they were. During our visit two paramedics brought a person who lived at the home back from hospital. One of them made a point of coming to speak to the registered manager and telling them how nice it was to visit a home where all the staff knew the person's name, greeted the person cheerfully and really welcomed them back home. Overall we found that the atmosphere in the home was welcoming and friendly.

The staff we spoke with told us that the registered manager was approachable and supportive. One staff member said "She [the registered manager] does listen and she is very, very approachable. She's a good manager." Another staff member commented "The manager does come up and ask how we are." We also saw that regular staff meetings were taking place, with records showing that staff were involved in discussions about practice, procedures and issues effecting the service.

Staff told us that the change of registered provider had not had any negative effect on the people using the service. However, some staff felt that the administrative burden of the change was difficult for the registered manager and staff. For example, the change to new care plans, policies and procedures and other paperwork. One staff member told us "The change over is difficult. The manager is bending over backwards for us, but not getting enough support from the new owners." We discussed this with the registered manager and area manager during our visit. They acknowledged that the full planned management structure was not yet in place at the home, although they were in the process of recruiting to the vacant management positions. The area manager agreed to look into additional support with the registered manager, while the full management team was being put in place.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. A formal audit system was in place and we saw records of this being completed during March, April and May 2015. The monthly quality audits and checks included accident and incident analysis, care records, finance, house keeping and maintenance, medication, mattresses, pressure sores, safeguarding analysis and updating the home's weight loss action plan to ensure that appropriate actions were being taken when people had lost weight. The monthly checks

Good

Is the service well-led?

also included ensuring that monthly meetings for people who used the service and staff had taken place. There was also a four monthly rolling programme of in depth audits for catering, health and safety and infection control. The completed audits we saw had resulted in action plans, although not all of the identified actions had been completed at the time of our visit, because the auditing system was relatively new.

We looked at the standard of records kept by the service. The majority of the records we looked at were up to date and fit for purpose. There were some areas where the content and detail of records could be better. For example, in people's care plans. However, we found that these issues had already been identified by the service's quality assurance systems and that plans were in place to help staff make the needed improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 How the regulation was not being met: The registered provider did not do all that was reasonably practicable to mitigate the risks or ensure that staff had the skills and competence to provide safe care in the event of a fire. Regulation 12 (2) (b) & (c). The registered provider did not ensure that sufficient quantities of medicines were available to meet the needs of people who use services. Regulation 12 (2) (f). The registered provider did not ensure that people who use services were protected by the safe and proper management of medicines. Regulation 12 (2) (g).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.