

Anchor Hanover Group

Maple Tree 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

Maple Tree Court is a residential Care Home which provides accommodation and personal care for up to 64 people. The service provides care and support for older people some living with dementia. At the time of our inspection 55 people were living at the service. At our last inspection in May 2018 we rated the service as 'requires improvement' overall. This was due to concerns about peoples medicines. At this inspection we found the improvements had been made which meant we have now rated them as 'good' overall.

People's experience of using this service:

People felt safe living at the service. Peoples risks were documented, and staff were knowledgeable about how to mitigate them. Staff knew to how protect people from abuse and what to do should they suspect it. People were cared for by suitable numbers of staff who had been recruited safely. People told us they received their medicines as prescribed.

People were cared for by staff who had the knowledge and skills to ensure they received effective care. Staff sought the advice of healthcare professionals when people's health deteriorated. People had sufficient food and drink to meet their nutritional needs. Staff had the knowledge to ensure people's rights were protected through applying the principles on the Mental Capacity Act.

People told us, and we saw staff were kind and compassionate in their approach with people, and caring relationships had developed. Staff understood the importance of protecting people's privacy and dignity. Staff encouraged people to be independent as possible.

The care people received was responsive to their individual needs. People had the opportunity to partake in activities of their own choice. People and their relatives knew how to complain should they need to. The provider had a system in place which meant that people would be listened to when a complaint was raised.

People were very happy living in the service and would recommend it to other friends and family. Staff told us they were happy working in the service because they felt supported by managers. A positive culture had developed as a result of the good governance. The provider had an effective system which monitored the care people received and when problems were identified action was taken to ensure lessons were learnt.

Rating at last inspection: At the previous inspection we rated the service as Requires Improvement overall. (30.05.2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service met the characteristics of Good in all areas.

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 any concerning information is received we may inspect sooner.

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

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 safe.

Details are in our Safe findings below.

Good ●

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 well-led.

Details are in our Well-Led findings below.

Good ●

Maple Tree 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The team consisted of two Inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service which in this case is dementia care.

Service and service type:

Maple Court is a Care Home. People in care homes receive accommodation, nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Since our previous inspection the provider had appointed another manager who had registered with us, however they had since left the service. Another manager had been appointed and had applied to register with us. This application had not been completed at the time of our inspection.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or serious injuries. We assessed the information we require providers to send us at least annually to give information about the service, what the service does well and the improvements they plan to make. We also sought feedback from the local authority. We used this information to plan our inspection.

During the inspection we spoke with 11 people and six relatives or visitors to ask their experience of the care provided. We spoke with seven members of care staff and the regional manager.

We reviewed a range of records. This included five care and medicine records. We looked at two recruitment and training records for staff. We reviewed the records relating to the management of the service including checks and audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in April 2018 we rated the service under this key question as, 'Requires improvement'. as improvements were needed to ensure people's risks were consistently planned and managed.

Improvements were also needed in the recording of people's medicine records. At this inspection we found sufficient improvements had been made and the rating is now judged as 'Good'.

Systems and processes to safeguard people from the risk of abuse

- Everyone told us they felt safe. One person told us they felt safe because there were locks on the doors.
- Staff were confident in how they should protect people from potential abuse and what to do should they suspect people had been abused.
- The provider had a system in place to protect people from abuse. When allegations of potential harm or abuse were suspected they made referrals to the Local Authority when necessary.

Assessing risk, safety monitoring and management

- Everyone told us the care they received was safe and protected them from any harm. One person said, "The staff look after me very well".
- Staff understood the risks associated with people's health conditions and were knowledgeable about the support people required to keep them safe.
- The provider had ensured people's risks were assessed and recorded in their care records. This included detailed information which provided guidance for staff to follow should they require it.
- We saw and records confirmed what staff had told us about how to manage people's individual risks and keep them safe. For example, one member of staff told us about one person who needed equipment to protect their skin from deteriorating. We saw the person had the equipment in place during the inspection.
- Should people require evacuating in case of a fire the provider had ensured their risks were assessed to ensure they could leave the building safely.

Staffing and recruitment

- People told us and we saw there were sufficient numbers of staff to keep people safe. One person said, "We don't have to wait for anything." Another person told us, "They are always there to help me when I need it".
- The provider had a system in place to calculate how many staff were required to keep people safe. The regional manager told us this was reassessed when the number of people using the service or people's needs changed.
- The provider had a safe system in place which meant people were cared for by staff who had been recruited safely and suitable to work with vulnerable people. For example, Disclosure and Barring Service checks (DBS) were completed. DBS checks help providers reduce the risk of employing unsuitable staff.

Using medicines safely

- People told us they received their medicines when required. People were given their medicines by staff who had received training to do this safely. One person said, "The staff stay with me to make sure I take my medicine".
- When people were prescribed their medicines on an 'as required' basis, we saw guidance was available for staff to follow. Records we looked at confirmed staff were following the guidance in place.
- We saw staff were confident and knowledgeable when giving people their medicines.
- Audits were in place and were effective in identifying any errors in peoples medicine and were used as a learning opportunity for staff if required.

Preventing and controlling infection

- People benefitted from living in a clean and healthy environment because the risk of infection had been reduced.
- We saw protective clothing was available for use and staff used it when required.
- Audits were in place to ensure cleanliness and hygiene standards were maintained on a daily basis. Staff were aware of what measures to take to ensure people and the environment were infection free.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff. These were monitored by management and senior management to ensure any developing trends were picked up such as times of accidents.
- Staff told us this was to improve the care people received and gave us an example of a person who had been falling at a particular time. Their medicine had been changed by their doctor which had resulted in less falls for this person. This demonstrated lessons were learnt when things went wrong.

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.

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

- People's needs were assessed and recorded in their care records. We saw they were reviewed regularly.
- People and their relatives told us they were involved in the planning of their care. One person said, "We go through the Care Plan, every so often." Another person told us, "We discuss any changes. The staff always ask me".
- Records also contained people's choices and preferences such as what they liked and disliked to eat.
- We saw information in relation to people's individual characteristics under the Equality Act were gathered when people moved into the service, such as age, religion and sexual orientation.

Staff support: induction, training, skills and experience

- People told us staff had the knowledge and skills to care for them. One person said, "All staff are very nice, and very kind, and capable".
- Staff told us they received training to enable them to support people and deliver the care they required effectively.
- Manager's told us they had recently changed shift patterns in the service, so the skill base of staff was mixed, and people received care from the staff best equipped to deliver it. They explained this had been successful as new staff had learnt from more experienced staff.

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

- People told us they enjoyed the food they were given at Maple Tree Court. One person said, "It's tremendous, all good. I don't like certain things, like onions, so they don't give me any".
- We saw people were offered choices about what food they would like to eat both at mealtimes and throughout the day.
- Staff were knowledgeable about people's nutritional needs and any special dietary requirements they may have. We saw when people had dietary needs, such as softened food or thickened fluids they were provided with food and drink which met their needs. For example, one person was given food cut up into small pieces and moistened with liquid. We looked at this person's care record and it confirmed what we had seen.
- Mealtimes were calm and relaxed, and staff were available to support people if required. People were allowed the time to eat at their own pace and were not rushed.

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

- People told us they had access to other care professionals when needed. One person said, "I saw the

doctor today". Another person told us they saw professionals 'as and when' it was necessary.

- Staff were knowledgeable about people's health needs and when people had appointments to see other health professionals, staff knew what they needed to do to support the person following these interventions.
- We saw in people's care records staff noted when people had been seen by outside professionals such as speech and language therapists or dieticians so as their healthcare needs can be monitored.
- There was an effective 'hand over' system in place which meant staff were kept up to date with people's healthcare needs.
- Records demonstrated when people's health conditions deteriorated staff involved other health professionals when needed to ensure people received effective and consistent care.

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

- People living with dementia and wheelchair users benefitted from wide corridors in the service.
- We saw other adaptations to support people living with dementia such as contrasting colours on rails in corridors and contrasting colours on toilet seats.
- We saw signage around the building which was easy to understand for people living with dementia.
- Bathrooms were well equipped to provide baths or showers for anyone living with a physical disability.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. □
- When people lacked the capacity to make decisions about their care we saw staff had involved their families and other professionals to ensure any decisions were made in the person's best interest.
- Staff told us they had received training which meant they understood the principles of the MCA and what it meant for people living in Maple Tree Court. We saw staff sought consent from people before providing any care.
- We saw staff gave people choices about their everyday lives. For example, what they wanted to do and where they wanted to sit.
- The provider had submitted DoLS applications where people had been assessed as lacking capacity and were being deprived of their liberty.
- The provider had a system in place to monitor DoLS applications to ensure the authorisations were still in place and people were not deprived of their liberty unlawfully. □

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.

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

- Without exception, everyone told us they were well cared for by staff. One person said, "They comfort me if I don't feel well. They make me feel comfortable". Another person said, "Staff treat me nicely. They have a joke with me. I feel they care about me".
- A relative of a person told us, "We come almost every day and all the staff are extremely nice and very patient".
- A staff member told us, "We all care about the people here. They are like family".
- We saw staff had time to spend with people and because they knew them well were able to speak with them about things that are important or meaningful to them. We saw staff laughing and chatting with people about their families and staff felt comfortable speaking about how they spent their leisure time with people.

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

- People who were able told us they were involved in the planning of their care. One person told us about meetings they were invited to attend to ensure their views were listened to.
- People told us and we saw they had choices about their everyday care needs. For example, we saw people get up when they chose to and stayed in bed all day if they preferred to. One person said, "The staff are very kind. They let me stay in bed when I want to".
- Records we saw demonstrated people and their relatives (if needed) were involved in deciding how they preferred their care and if they wanted to change anything.

Respecting and promoting people's privacy, dignity and independence

- Everyone told us staff respected their privacy and dignity. We saw staff knocked on people's doors and allowing time before entering.
- Staff understood the importance of respecting people's dignity.
- We saw staff promoted people's independence in various ways. For example, we saw staff didn't intervene immediately when people were eating. We saw special cutlery and equipment was available for people to help them in maintain their own independence when dining.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they were very involved in the planning of their care. One person told us they were kept informed by any changes that may be required.
- A relative told us, "Yes, we are able to jointly make decision with the staff or the manager, as and when required".
- Staff told us a key worker system was operated by the provider which meant they were allocated people to work with to get to know them in depth.
- Staff had excellent knowledge about people and how they preferred their care delivered. They were able to tell us in detail about people's choices and preferences. For example, one member of staff told us how they supported one person who preferred to remain in their room during the day.
- Records we saw confirmed what staff had told us. We saw people's likes and dislikes were documented and therefore could be referred to by staff should they need to. For example, whether people had a preference to male or female care staff to provide their personal care.
- People told us they spent their time participating in activities of their choice during their leisure time.
- We saw people were involved in playing various games and joining in group activities throughout the day which people told us they enjoyed.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and felt confident if they did they would be listened to. Only one person told us they had needed to complain, and it had since been resolved.
- We saw the provider had a system in place which meant people could complain. We saw when people had complained their concerns had been investigated and resolved.
- People and their relatives were advised of how to complain in the service user guide and by the policy being displayed in the reception area of the service.

End of life care and support

- Although no one using the service was at the end of their life, we saw the provider had a system in place which meant when people were at this stage of their life their choices and preferences would be considered.
- We saw records contained explanations of words which people and their relatives may find difficult to understand at this time of their life and would support them to make decisions which would help them have a dignified and pain free death.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- At our last inspection in April 2018 we rated the service under this key question as, 'Requires improvement' as the systems in place had not identified the areas of concern highlighted by our inspection. At this inspection we found sufficient improvements had been made and the rating is now judged as 'Good'.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, their relatives and staff told us there had been a great deal of improvement at Maple Tree Court which had made the service a happier place to live and work.
- People and staff spoke positively about the manager. One person said, "She speaks to me. Nice lady. Yes, she listens. They give you updates and listen to any points I want to put forward".
- We received numerous positive comments about why people liked living in Maple Tree Court. One person said, "Atmosphere, it's light and bright, warm and caring". Another commented, "Staff are very helpful, and it's a nice place to be".
- Staff told us they felt supported by the manager and by the provider which had resulted in them being happy at work.
- People, staff, residents and relatives, told us they would and had recommended the service to other friends and family

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The deputy managers had a very good oversight of the service and knew about people's needs and what changes had occurred within the service.
- The system used by the provider had ensured people's needs were assessed and monitored to ensure their records contained up to date information for staff should they require it.
- The provider had an audit system in place to ensure people received safe and effective care which responded to their individual needs.
- The provider had ensured when necessary the service had met their legal obligations and had notified us of serious injuries, deaths and safeguarding issues.
- The latest CQC inspection report rating was on display within the home. This is a legal requirement to inform people seeking information about the service of our judgments.
- Staff were supported by regular supervision to understand their roles and responsibilities in the service and training had been given when needed to ensure staff were up to date with current procedures.
- Although there had been changes with management recently staff were aware of the management

structure in place and where to go should they have any concerns.

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

- People and their relatives told us there were meetings they could attend to engage with the staff and management of the service. Meetings were planned to see how people wanted to spend their time and to capture any positive ideas to improve the service.
- We saw when people had made suggestions they were listened to by the provider. For example, posters around the service informed people what changes had been made as a result of their input.
- Staff told us there were regular meetings to keep them up to date with any changes in the home. They felt supported by the newly appointed manager and they could approach them with any problems or suggestions and they would be listened to.
- Everyone we spoke with who had moved to the service from another service or healthcare provider told us their quality of life had improved as a result.

Continuous learning and improving care

- Audits completed by both the manager and the regional manager had instigated change within the service. For example, one audit identified a person at risk of losing weight had lost weight gradually on a weekly basis and this had triggered staff to call their doctor to check their health.
- Accidents and incidents were recorded and monitored by staff. Action plans were developed by staff to monitor individuals and trends within the service. For example, times of falls were monitored to ensure there were sufficient staff available at all time.

Working in partnership with others

- We saw examples around the home of how the provider had engaged with outside organisations to improve the environment within Maple Tree Court. For example, we saw murals had been painted on the walls by local school children.
- The regional manager told us there were other ideas in the pipeline to engage with the local community to educate people living with dementia and their carers. For example, to have open days within the service.