

Maple Care Limited

The Maples Residential Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 21 October 2015 and was unannounced.

The Maples provides personal care and support for up to 28 people. There were 27 people living in the home at the time of the inspection.

Our previous inspection on 14 June 2013 identified that the provider was meeting the standards relating to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

There was a registered manager in post in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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's risks were assessed in a way that kept them safe from the risk of harm. People's rights to be as independent as possible were respected and promoted. People who used the service received their medicines safely.

We found that there were enough suitably qualified staff provided to meet people's care and support needs. Staff were trained to carry out their role and were provided with appropriate training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

Advice had been sought from other agencies to ensure formal authorisations were in place for people who may be restricted. There were other people living in the home who may require a mental capacity assessment and this had not been done.

Staff were kind and caring and treated people with respect. People's privacy and dignity were maintained and people's rights upheld.

People were regularly supported with hobbies and interests that were important to them and were assisted to maintain close links with family and friends.

People and/or their representatives were regularly involved in planning and reviewing their care.

The provider had a complaints procedure available for people who used the service and complaints were appropriately managed.

Staff told us they were supported in their role and the registered manager led the team well. Staff received supervision of their practice and had opportunities to meet regularly as teams.

The provider had systems in place to monitor and improve the service. The service was well managed and people felt that the manager and provider were accessible and supportive.

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?

The service was safe.

Good



Staff were recruited safely and there were sufficient numbers of staff to keep people safe. Risks to individuals, including medicines were managed effectively. Staff knew people's individual and specific needs and how to keep people safe. Staff knew how to recognise and raise concerns in relation to abuse and poor practice and told us they would do so if required.

Is the service effective?

The service was effective.

Requires improvement



Staff were trained and supported and had the skills to meet people's needs. Mental capacity assessments had been carried out for some but not all of the people who required this. People were supported to have enough to eat and drink. People were supported to maintain good health and had access to health care services.

Is the service caring?

The service was caring.

Good



Positive caring relationships had been developed between staff and people who used the service. People and their families/representatives were supported to be involved in making decisions about their care. People's privacy and dignity were respected and promoted.

Is the service responsive?

The service was responsive.

Good



People received personalised care that was responsive to their needs and were enabled to contribute to their care. People's preferences and choices were upheld. People were supported to maintain hobbies and interests. People were able to raise concerns and complaints knowing that they would be listened to and their concerns would be addressed.

Is the service well-led?

The service was well led.

Good



There was good management and leadership at the home and a positive open culture. People who used the service and staff felt supported by the manager and provider. The provision of services was monitored and there was a system for making improvements.

The Maples Residential 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 was planned to check 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.

At our previous inspection on 14 June 2013 we found that the provider was compliant in all of the areas we inspected.

The unannounced inspection was carried out by one inspector and an expert by experience on 21 October 2015. An expert by experience is a person who has had personal experience of receiving or looking after someone receiving this type of care.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users. We

reviewed the information we held about the home. We also reviewed the information we received from other agencies that had an interest in the service, such as the local authority.

We met with the registered manager, a senior care assistant and two other care assistants. We also met with the cook, a domestic assistant and the provider.

There were 27 using the service at the time of the inspection. We spoke with 15 people who use the service. We observed how people's needs were met by the staff who worked at the home including how staff interacted with people. We looked at three people's care plans, their daily care records and records relating to their medication. We met with four relatives and spoke to another relative over the telephone.

We spoke with the registered manager, the deputy manager a senior care assistant and two other care assistants. We also spoke with the provider.

We looked at records relating to staff training and supervision, quality monitoring, complaints and compliments.

Is the service safe?

Our findings

People who used the service told us they felt safe and well cared for. One person told us they felt safe because, “Well I know all the doors are locked and we have a regular fire siren too and the staff are very good”. Another person said, “Can’t say what makes me feel safe, I just feel safe and I like this place it’s lovely”. People felt that there were enough staff with the right skills to look after them. A person told us they felt safe because, “Staff look after me during the night”. Another person said, “If they (staff) are needed they come”.

We observed that there was enough staff to meet people’s needs. Staff were attentive to people and staff were visible in each room. A staff member said, “I am allocated to the lounge today because there are some people who need closer supervision. These are [person’s name] and [persons name]. Also some people do not have access to a call bell in the lounge”. We saw staff helped people when they asked for this. A person asked to go to the toilet and a staff member assisted them quickly. People were sitting in three areas of the home or in their bedrooms according to their preference. A person who could become agitated with others preferred to sit in a room on a lower floor with another person where it was quieter. We saw that the activities person was sitting with them and helping them to eat their breakfast. They said, “We are always popping down here to check that [person’s name] is ok because they can get agitated. They like it here because it’s nice and quiet”. Other staff members came into the room from time to time to ensure people were ok. A staff member said, “Just checking are you both ok in here?” In the main lounge staff went in and out often and in another area off the main lounge where other people were sitting staff were seen to be walking through frequently observing people and talking to them To check if people were ok.

We saw that there was a staff recruitment procedure in place which ensured that relevant checks were carried out on staff before they were offered employment at the home. This helped ensure that staff were suitable to work with people who used the service.

A staff member said, “If we see any skin changes or marks on a person we report it to the senior straight away”. Staff supported people to move around the home in a safe way. We saw staff helping people to transfer between wheelchair and chair using equipment people had been assessed for. Staff knew people’s needs and knew how to help people

safely. We saw that people had individual risks assessments in place. For instance a person was at risk of developing skin damage and had been provided with a special mattress and cushion. The person’s skin condition was monitored and records maintained by staff.

The manager explained that people were also supported by a physiotherapist. They said, “If we have any concerns about how to move and handle people safely we ask [physiotherapist name]. They are very helpful”. The number of falls people sustained was closely monitored. We saw where some people had sustained an increased number of falls over a period of time. The reasons for the falls had been highlighted for each person and the action taken to help decrease this was clearly documented. A staff member told us, “Two people are at risk of falls and they are sitting in the lounge. My job is to ensure they are ok and they are safe”.

The provider had systems in place to protect people from harm or abuse. Staff knew how to recognise and report poor practice and abuse. A staff member said, “Yes we have had this training and I would report it straight away. I reported one incident and it was dealt with straight away by the manager”. The procedure for reporting abuse was accessible to staff. We saw that this contained relevant telephone numbers to make a referral. We saw that, for new staff, detailed training was given on recognising and reporting abuse. A staff member said, I did about safeguarding during my induction training here”.

People told us they received their medicines at the time they wanted it. One person said, “Yes they give me my tablets I am on stacks of it!. Yes I get this on time”. Another person told us, “Oh yes I have a lot of tablets they [the staff] keep it safe and sort it out for me. I am glad about this I couldn’t keep track of it myself. If you need a painkiller you just ask and they will give it to you”. We observed a senior staff member administering medication to people. The staff member knew people’s medication needs well and knew how people liked to take their medicines. We saw that where people were able to, they had consented to staff administering their medication. Where people were unable to consent then their representative had signed in agreement. Where people were unable to ask for pain killers when they needed them the staff member said, “I know when [person’s name] is in pain by the expression on their face and I would give them a pain killer then”. People

Is the service safe?

received their creams and lotions whilst they were being helped with personal care. The care assistants who had helped the person that day had signed that these had been applied.

Is the service effective?

Our findings

People who used the service thought that they were supported by a staff team who were trained to meet their needs. One person said, “The staff are great, they know what I need and how I like things done”. We saw that there was a good staff skill mix on duty to care for people each day.

There was a staff training and development programme in place which helped ensure that staff were regularly updated in relation to health and safety training. Staff told us they thought the training they received was very good. A staff member thought that their induction training had been “the best I have ever had”. Staff were supported to complete further training. One staff member told us they were completing a course to become a nutritional champion and had completed dementia awareness, equality and diversity and diabetes management. They said, “This is all relevant training due to the needs of our residents here”. We saw how staff communicated well with each other about the daily needs of people. A senior staff member explained to us how important it was to document when a person’s needs had changed or when they were unwell and what action had been taken. They said, “I write messages to other senior carers and also complete a daily handover log so that the staff member in charge of the next shift will know exactly what has gone on”.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. Staff demonstrated they understood the principles of the Act and we saw that people’s ability to make decisions about their care was assessed and reviewed. Six people were identified as being unable to consent to their care and a mental capacity and DoLS assessment were in place for them. For these people decisions had been made in their best interests in consultation with their relatives and health care professionals. However, other people who were unable to make some decisions for themselves had not got a formal

mental capacity assessment in place. Therefore their ability to consent to care and treatment had not been assessed. The manager told us that mental capacity assessments would be carried out for all people who required this. This would ensure the provider was adhering to the Mental Capacity Act 2005.

People thought that the meals they received were good and that there was always a choice available. A person who used the service told us, “Yes the meals are good and there is a choice of two main meals. Yes I was given a menu like today for tomorrow’s dinner”. A person told us they had had two bowls of porridge a bacon sandwich and toast this morning for their breakfast. The provider catered for people who required special diets. The cook told us there were people who required special diets and said, “Yes there are two people for special diets [person’s name] and [person’s name]”. We saw that these people received correct food according to their dietary requirements. The cook told us that people could have snacks throughout the day and night if they wanted to as these were available for staff to access. We observed that at lunchtime most people chose to have the chicken pie, mash and vegetables. This looked appetising. One person said, “It’s very good and tasty”.

We saw people’s nutritional needs were assessed and monitored. People were weighed monthly or more often if required. Where people had lost weight they were referred to the GP and/or dietician. Some people were prescribed nutritional supplements which we saw staff helping people to take.

People told us they saw the doctor when they needed to. We saw the doctor visiting some people at lunchtime. People’s health care needs were monitored and people told us they had access to health care professionals. A person said, “I get to see a chiropodist but ‘I’ve got false teeth so I don’t see a dentist. The Optician came in here but I’ve been to the Optician in Newcastle”. A visitor told us that their relative’s health issues had always been followed up. Staff worked closely with health care professionals including the GP, district nurses, physiotherapist, and tissue viability nurses. This helped to ensure that people received health care and support when they needed it.

Is the service caring?

Our findings

People who used the service thought that staff were caring and helpful. A person said, “Yes, oh yes they are nice caring girls”. People also felt that staff promoted privacy, dignity and independence. We observed staff knocking on people’s doors and waiting for a response before entering their bedroom. We saw another staff member asking a person discreetly if they would like to go to the toilet and then helping them to walk there. One person told us, “At night I undress myself and they encourage me to do that. I couldn’t do that when I first came in”. People told us, and we saw that staff promoted people’s independence in the home.

People thought that staff explained things to them and kept them informed. A person said, “They [the staff] explain what they are going to do before they do it”. We saw two staff talking to a person and explaining before helping them to move using special equipment. All of the time the staff members were speaking words of assurance to the person and explaining what would happen next until the procedure was completed. The person looked relaxed and was smiling. We saw how a person sat in a quieter lounge because they did not like noise. We observed how a staff member spoke in a kind and calming way to the person and held the person’s hand. The staff member was

explaining what was happening in the home today. They were also reading the newspaper together and talking about current affairs. The staff member said, “This helps [person’s name] to stay calm and relaxed”. Information about events coming up and entertainment taking place in the home was displayed for people and relatives to read.

People felt involved in their care. A person who used the service told us, “Yes I am involved in my care plan, this is kept in the office in the file downstairs. They [the staff] come and say, ‘have you got five minutes [person’s name] to go through your care plan?’” We saw where people and/or their relative had signed in agreement with their care plans.

People could receive visitors at any time and friends and relatives who were unable to visit during the day could come later in the evenings if they wanted to. A person said, “My friends work shifts and come at different times. There is no problem here.”

There was a friendly caring atmosphere at the home with staff chatting and interacting all the time with people. Some people were chatting to each other and had made friends with others in the home. A person we spoke with said it was “like one big family here”

Is the service responsive?

Our findings

People who used the service received care and support which was centred on meeting their individual needs and preferences. There were three lounges and people could choose where they wanted to sit. The manager said, “I don’t want to tell people where to sit. We have three sitting rooms and in the lower ground sitting room there is a television but I don’t want the television to be constantly on. I like to give people real choices and be able to do what they like”. The manager said, “In the evening almost everyone from the top sitting room goes down to the lower one to watch the soaps on TV they all look forward to that”. We spoke with people who confirmed that they could sit anywhere but had their preferences as to different areas of the home at different times of day. The manager explained that there was a couple of people who preferred to sit in the lower ground floor lounge all of the time because it was quieter. She said that, for one person in particular, sitting in this lounge helps them to stay calm and less anxious. We saw this person sitting in this lounge with another person and a member of staff. A staff member said, “[person’s name] has quite advanced dementia but can be quite chatty sometimes. [Person’s name] sitting next to her is almost always with her in the downstairs room and they chat together”.

Staff knew how people preferred their care and support needs met and people were given choices. A person said, “They [the staff] have got to know me well now. They pop into my bedroom often to see if I am alright. Tomorrow I usually make a cake with [activities person’s name]”. Another person told us, “I’ve got my own TV and I can have a smoke if I want”. We observed the activities person and other staff helping people to do what they wanted. A person was reading the newspaper to the activities person and they said, “[person’s name] likes to do this each day”. When we asked a person if they received the right kind of care in the way they preferred they told us, “Yes without a doubt”. The person said, “They [the staff] respond straight away to the buzzers”.

People said there was activities and entertainment in the home for them to enjoy. A person said, “You can go down and listen to someone sing. There’s one who plays the saxophone, they’re very good and they put films on downstairs. The home had been adapted to meet people’s needs. On entering the home the environment was friendly,

warm and colourful. There were paintings, photographs of past Hollywood stars, memorabilia and stencilled artwork on the wallpaper, creating a lovely environment. A person told us that they enjoyed the ‘knit and natter’ day and another person said, “I really enjoyed the Karaoke it was fun”. In the upper lounge there was a jovial, happy atmosphere and people were sharing banter with each other, laughing and joking. When we asked a person what they thought about the home they said, “It’s good, happy and sometimes noisy but I wouldn’t want to change that”.

People’s preferences regarding meals were upheld. When eating lunch people were served according to what they wanted and preferred. A person said, “They [the staff] sort of get to know what we like. We always get what we want”. A person pushed their dinner away and said they ‘Didn’t want it’. A staff member came to the person immediately and asked, “Would you like something else?” The person said, “Sandwiches?”. They were given a choice of chicken, ham or cheese and asked “How many rounds do you want?” The person asked for four rounds and this was prepared and served straight away. Another person ate their lunch and asked for ‘More’, they were given a second meal and later a second pudding.

People who used the service knew how to raise a concern or make a complaint. One person told us, “Yes there is a complaints book downstairs. If the food is not very good we can complain in the book. We did this when the garlic bread was too hard and it was better next time”. Another person told us they would go to one of the senior care staff if they wished to complain. Relatives we spoke with told us they would have no hesitation in raising concerns and knew these would be addressed by the manager. There was a complaints procedure clearly displayed within the home. There was also a ‘grumbles book’ where people were encouraged to document any concerns they had or something they were not happy about. We saw that one person had written that they would like a bigger duvet on their bed as this kept sliding off. We saw that the provider had addressed this and provided them with a larger duvet. A staff member said, “We didn’t know how much people enjoyed the ginger biscuits with their hot drinks until someone put this in the grumbles book. Now ginger biscuits are always available”. The manager kept a log of formal complaints and responded to complaints in line with the complaints policy.

Is the service well-led?

Our findings

People who used the service knew the manager and felt that they were approachable and supportive. A person said, “Oh yes I know the manager Claire. She is very good. She comes to resident’s meetings and asks us what we want”. “If Claire isn’t around there is always one of the deputy managers about”. We observed good management support within the home. The registered manager felt supported by the provider who was present at the home almost daily. There were two deputy managers providing support and staff told us they felt supported in their role. Staff felt that the management of the home was ‘very open’. A staff member said, “The management of this home is the best I have worked for. You know they are always there if you need to go and talk”. People who used the service and staff liked how the provider was involved with the running of the home and how they and the manager helped out on the floor when needed. A staff member said, “You really appreciate it when you see the owner and/or the manager helping out”. Staff told us, and we saw that staff received on going supervision and training support which helped ensure they had the skills they needed.

The provider was present at the home on a regular basis and staff said they [the provider and manager] were always willing to lend a hand and often did. A person who used the service said, “Oh yes I know the [manager name] and [provider name] they are always helping out here”. The manager told us that they had worked on the floor to help with care or in the kitchen and the provider often helped with cleaning the home. The close involvement of the manager and provider helped to ensure that staff were supported in their role and that people received the care and support they required.

People told us they were asked for their opinions. One person said, “Yes we have been asked for our views like do

we want fireworks on bonfire night and what would we like to do for christmas”. People told us that they could voice their opinions and make suggestions at resident’s meetings. We saw minutes of residents meetings. We saw that people had made suggestions for improvement and action had been taken. For instance at one meeting suggestions had been made in respect of additions to the menus and suggestions in respect of entertainment. The suggestions had been taken on board and actions relating to meals included providing more cheese on toast and ginger biccuits, removing lasagne from the menu and leaving bolognaise on. Relatives told us that they knew who the manager was and would have no hesitation in approaching them to make suggestions in relation to the care of their relative.

People told us they received good quality care. The provider regularly monitored the quality of the services provided and made improvements where indicated. All services were audited regularly. This included auditing records relating to care, medication kitchen and housekeeping. We saw that records were clear, accurate and up to date. Results of audits were analysed and any areas where weaknesses or improvements were needed were highlighted. The provider took action to make improvements in these areas. For instance we saw how the number of falls people sustained in the home was audited and analysed. The reasons for a rise in the number of falls for a particular month was clearly identified including the action to be taken in order to improve this. The following month the number of falls had decreased.

The registered manager was aware of her legal responsibilities in relation to making notifications to the Care Quality Commission. The manager had kept us informed of any events in the home and we had received required notifications from the manager and provider.