

Mapleford (Nursing Home) Limited

# Mapleford (Nursing Home) Limited

## Inspection report

Mapleford Nursing Home  
Bolton Avenue,  
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Accrington,  
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Tel: 01254 871255  
Website:

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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 

### Overall summary

We carried out an inspection of Mapleford Nursing Home on 21 April 2015. The inspection was unannounced.

We last inspected this home on 21 November 2013 and found the service was meeting the regulations in force at that time.

Mapleford Nursing Home is registered to provide accommodation and support for 54 people who require

nursing or personal care for needs associated with mental health and dementia. On the day of our inspection there were 43 people living in the home. The home is divided on two floors with bedrooms and bathrooms on each floor. The majority of rooms are for single occupancy but some rooms can be shared by two people.

# Summary of findings

The service had a registered manager. 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 told us they felt safe living in the service. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential abuse.

Risk assessments within people's care records were completed accurately and reviewed regularly. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks.

Newly appointed staff were not allowed to commence employment until robust checks had taken place to establish that they were safe to work with people.

There were adequate numbers of staff on duty to support people safely and ensure that people's needs were met appropriately.

Systems and processes in place ensured that the administration, storage, disposal and handling of medicines were safe.

There was a positive culture within the service that was demonstrated by the attitudes of staff that were supported through a system of induction and training based on people's needs.

Staff understood the processes in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had a good choice of meals and were able to get snacks and fluids throughout the day.

People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs. Staff followed advice given by professionals to make sure people received the treatment they needed.

We saw that people were relaxed, comfortable and happy with the staff that supported them. Staff talked with people in a friendly manner and assisted people as required, whilst encouraging them to be as independent as possible.

There were regular reviews of care for each person who used the service which enabled individual care to be monitored.

Communication in the home was good and staff felt able to make suggestions. There were regular meetings for staff which gave them an opportunity to share ideas and give information about possible improvements to the registered manager.

People and their relatives knew who to speak to if they wanted to raise a concern. There were systems in place for responding to complaints.

Staff strived to provide good quality care for people and took the chance to learn lessons so improvements could be made in the future.

# 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

Staff had been trained in safeguarding people and knew how to report any concerns regarding possible abuse.

Robust recruitment systems were in place to ensure staff were suitable to work with people.

There were sufficient numbers of staff to meet people's needs.

The systems in place for the management of medicines assisted staff to ensure medication was handled safely and held securely at the home.

Good



### Is the service effective?

The service was effective.

Staff were well supported through a system of regular training, supervision and appraisal.

People were provided with a choice of food and drink and were given support to eat and drink when this was needed.

We found detailed evidence to demonstrate the service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had access to health and social care professionals to make sure they received effective care and treatment.

Good



### Is the service caring?

The service was caring.

There was a calm and friendly atmosphere within the home and staff helped people to maintain their privacy.

People's decisions were respected and we observed that their dignity was protected.

People were able to make choices about their day to day lives. We saw staff showed patience and gave encouragement when supporting people. Staff were respectful and caring when helping people with complex needs.

Good



### Is the service responsive?

The service was responsive.

We found that people's needs were thoroughly assessed prior to them moving in to this service. Visitors told us they had been consulted about the care of their relative before and during their admission to the home.

Care plans were personalised and reflective of people's individual needs.

This enabled staff to know how people wanted to be supported.

Good



# Summary of findings

People were supported to take part in a range of activities in the home which were organised in accordance with people's preferences.

Systems were in place so that people could raise concerns or issues about the service.

## Is the service well-led?

The service was well led.

There was an open culture within the home. The registered manager was approachable if people or staff had any concerns or suggestions.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations.

People and their relatives were able to comment on the service provided to influence service delivery.

**Good**



# Mapleford (Nursing Home) Limited

## 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.

This inspection took place on 21 April 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care

Quality Commission by the registered manager. We contacted and received information from the local authority commissioners who also monitor the standards within the home.

At the time of our inspection there were 43 people using the service. We spoke with the registered manager, the deputy manager who was a registered nurse, seven care staff, the activity coordinators, the housekeeper and the cook. We also spoke with seven people who used the service and four visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them. We spent time observing care throughout the service and also spent time undertaking general observations of the care and support people were given.

Finally we looked at various records that related to people's care, staff and the overall management of the service. This included three people's care plans, three staff files, staff training records, the complaints log, nine medication administration records (MAR) sheets, accident and incident forms and quality assurance tools.

# Is the service safe?

## Our findings

People were confident that their support was provided safely and effectively. One person said, “I always feel safe. I never worry about my safety. I know that I could tell any member of staff how I felt and they would deal with it.” Another person told us, “Staff look after me well and keep me safe. They make sure the equipment is safe, that we all get on and there are no issues.” Relatives told us that the service helped to keep people safe and free from harm; if they had concerns then they would feel able to raise this with staff.

Staff told us that if they suspected any abuse or neglect, they would report it to the nurse or the registered manager. They demonstrated an understanding of the different forms of abuse; for example, physical or emotional neglect. A registered nurse told us, “It is so important to report any suspected abuse and to reassure the person involved.” If the registered manager was not available we were told that the provider would be contacted for support and advice. Staff knew the lines of reporting in the organisation and felt confident that any concerns they raised would be dealt with effectively. They explained they would raise any concerns to management or with external agencies, such as the local authority or the Care Quality Commission (CQC). We noted appropriate policies and procedures were in place and staff had received training. This helped staff to identify abuse and prevent this from happening within the home.

Risks to people’s safety had been assessed robustly. People told us that these included risks associated with malnutrition, pressure damage and falls. One person told us, “I have lost some weight and I know that staff are monitoring me to make sure I don’t lose any more.” Staff told us that risk assessments were discussed with people and their relatives, and were in place to manage identifiable risks to individuals. As a result risk assessments were reflective of people’s current needs and guided staff as to the care people needed to keep them safe. Individual risk assessments had been completed for people and were updated on a regular basis and we found that these were used safely by staff in practice. We observed that staff referred to the risk assessment for one person before they supported them to transfer from their wheelchair to a more comfortable chair, so that they used appropriate equipment to maintain their safety. We reviewed some

completed examples of risk assessments within people’s records, for risk factors such as falls and manual handling. These were specific to each person and each assessment had guidance for staff to follow, which helped ensure that people remained safe.

A member of staff who had recently been recruited told us they were not able to start work until their recruitment checks had come back. Relevant checks were completed before staff worked unsupervised at the home; these included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The recruitment records that we saw confirmed this. The provider carried out appropriate checks before new staff started work and this meant that they followed safe recruitment practices.

People told us there was enough staff on duty to keep them safe. One person said, “I always see them passing by and they come when I need them.” Another person said, “They are always busy but I think there are enough of them.” Staff confirmed that there were enough of them to attend to people’s needs in a safe manner; for example, when two staff were required to meet people’s needs, that they could access support for that person. The number of staff on duty for each shift was clearly detailed on the rota and our observations confirmed that there was sufficient staff on duty, with appropriate skills to meet the needs of people, based upon their assessed dependency levels.

People received their medication safely. One person said, “I always get my tablets when I need them.” Staff told us that it was important to get the administration of medication right. One staff said, “Medication is one of the areas where the biggest issues can occur. We need to make sure it is right.” The monitored dosage system used in the home was said to be a safe system as there was less room for error. Staff who administered medicines were trained and their competency was observed by the registered manager. Medicines were stored securely in trolleys in a store room, which was kept locked at all times when not in use. There was also a medicine fridge which was kept at an appropriate temperature and we found records to confirm that regular checks were maintained. Controlled drugs stocks were checked by two staff to ensure medicines had been administered as required. We observed staff administering medication and found that this was carried out correctly. Medicines were managed in a safe manner.

# Is the service effective?

## Our findings

People felt staff had the right level of skills and knowledge to provide them with good care and support. They were happy with the care they received and told us that it met their needs. One person said, “It seems they just know what to do.” Another told us, “I ask for help and they just know what I need and how I prefer to be treated.” Staff worked hard to provide good care for people which met their needs. One said, “They are like our family. We need to make sure we give the right care that is backed up by our regular training.”

Staff had been provided with induction training when they commenced employment. This ensured they were equipped with the necessary skills to carry out their role. Staff told us about the induction programme they underwent and said that they considered this was valuable. It helped them to understand people’s needs and gave them the opportunity to shadow more experienced staff so they could learn from them and understand the expectations of their new role. There was an effective induction system in place that ensured new staff were competent to work unsupervised.

There was a rolling programme of training available, including safeguarding people, infection control and moving and handling. Staff told us that additional training was offered to them in subject areas relevant to their roles and responsibilities. This included medication for nursing staff and dementia and dignity in care for others. The registered manager told us that the provider offered a good range of training that was aimed at ensuring that staff fully understood the expectations of their roles. Where new training needs arose, they supported staff to ensure they could access relevant courses. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people.

Staff received regular supervision, both formal and informal, which included observations of their practice. They told us that they had the support of the registered manager and could discuss anything that concerned them, even if they did not have a supervision session scheduled. We saw that the registered manager assessed and monitored staff skills and abilities, and took action to address issues when required.

People told us that staff always gained consent from them before providing support and care. Staff understood the importance of gaining consent from people rather than just going ahead and completing care. One said, “It is not nice if people do things without asking, we don’t do that. We always ask first.” We observed staff asking people about their care and how they wanted things done before supporting them; for example, “Can I help you move?” Staff were aware of the importance of gaining consent from people before providing any intervention.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff discussed how they were aware that any decisions made for people who lacked capacity had to be in their best interests. They told us there were systems in place to access assistance should an assessment of capacity be required. We were told about Deprivation of Liberty Safeguards (DoLS) that had been put in place for people that lived at the service. We found copies of the relevant paperwork and information on when the restrictions were due to expire and supporting best interest decisions in line with the Mental Capacity Act (MCA) 2005. The registered manager understood the importance of ensuring that any restrictions placed on people’s liberty was carried out appropriately and in the least restrictive manner.

People enjoyed the food on offer within the home and said that they had a lot of choice, with an alternative option if they did not like what was offered. One person said, “The food is always so very good.” Another person said, “We get so much choice, it is always hot and tasty.” People told us they had access to food and drink during the day and night and received support from staff when required. We completed some observations over lunch time and found there was a supportive atmosphere between staff and people during meal times. Staff allowed people to eat at a pace that was appropriate for them and ensured that

## Is the service effective?

people liked their meals and checked whether they had enough to eat. Drinks were accessible for people to help themselves and for those who could not; we saw that staff supported them in a timely manner.

Staff told us that assessment and monitoring tools were used to identify changes in people's health and wellbeing in relation to nutrition. For example, we saw that people were weighed regularly; and staff were able to explain the action they needed to take if a person's weight had decreased. Where people had specific healthcare needs, staff were aware of the level of support people needed, in relation to nutritional intake or specific dietary requirements.

People saw their doctor when they needed to and were supported to attend hospital appointments. One person said, "If I tell staff I don't feel well, then they always act on it." We observed that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. Staff gave us examples of how they used the advice given by professionals to meet people's health and wellbeing needs. This included monitoring fluid intake to prevent infections associated with dehydration. Staff ensured people had appropriate access to health, social and medical support.

The building was well designed to meet the needs of people with dementia. Corridors were straight and wide to aid visibility and accessibility. Signage was good in words and in pictorial form with evidence of dementia friendly resources and adaptations in the corridors communal lounges or dining rooms. These amenities offered opportunities to stimulate and exercise as well as aiding the individuals to orientate themselves to the environment. The communal areas were tastefully decorated with flags and bunting for the celebration planned for St George's day. We also saw pictorial evidence of past celebrations or events that had taken place at the home.

The room used for people who wished to smoke was heavily stained and generally an uncomfortable area. We asked the registered manager what, if any, plans they had for this facility and were told that work would be starting the following week to build a covered area adjacent to the building for the use of people who wished to smoke. The present facility would be completely refurbished and decorated and returned to its original use as a bedroom.



# Is the service caring?

## Our findings

People and their families were very happy with the care and support provided. One person said, "I know they look after me and care for me. They are just perfect." Another person told us, "They are all lovely; the care they give to me is fantastic." Everybody spoke highly of the caring nature of staff and stated that they were kind and compassionate. One relative said, "I went round so many homes before settling on this one. I know they try their best."

When people became distressed we observed that staff comforted them, responding in a calm and reassuring manner. Staff worked hard to ensure they provided good care. We observed that they spent a lot of time interacting and engaging with people, both in their rooms and when entering the communal areas of the service. They spoke with people by name, got down to their level and gave eye contact when communicating. They also took time to ensure that people understood what was happening. Staff offered people reassurance, through touches and hugs where appropriate, showing that they were aware of people's emotional needs.

We saw that people who used the service were given the opportunity to both express their views about their care and to be involved within their care planning. One person said, "When I moved in, staff sat with me and asked me all about the help I needed. They told me that if I had anything to say about my care, that I could say what I wanted to." People and staff advised that formal meetings were not held on a regular basis, but we established through our conversations with people and relatives, that feedback was given to the registered manager and care staff so that the service could be improved.

Staff told us about people's likes and dislikes. One staff member told us about one person's daily routine in detail

and showed through their discussion that they really knew this person. They also told us about another person's life history and showed an awareness of what was important to them, including information about their past employment history, which meant a lot to them. Staff demonstrated that they had the knowledge to provide personalised care in accordance with people's preferences.

The registered manager told us that the service had previously used the services of an advocate. Records confirmed that an Independent Mental Health Advocate had been used for one person to ensure that their views with making a certain decision were listened to. There was available information on how to access the services of an advocate should this be required.

People told us that there were several communal areas within the home, where people could go if they wished to have some quiet time or spend time with family members. They also had their own bedrooms, which some people were keen to show us. We observed that they were spacious; people had been encouraged to bring in their own items to personalise them. People told us that their relatives and friends were able to visit them without any restrictions and our observations confirmed this. Relatives said that they were able to visit their family member at any time and staff always made them feel very welcome.

People were treated with dignity and respect. One person told us, "They don't just come in, they always knock first." We observed that staff discreetly assisted people to meet their personal care needs and saw that staff respected people's choices. Staff were polite and respectful when talking with people and people looked relaxed and happy, talking openly about things they were interested in. People were supported in a manner that protected their dignity by staff that were respectful of the need to promote and protect their privacy and dignity.

# Is the service responsive?

## Our findings

Before admission to the home, people were assessed to ensure that the home was suitable and staff could meet their needs. One person told us the registered manager had met with them and their family and discussed their care needs, likes and dislikes. They confirmed that this was reassuring to them and made them feel confident that their needs could be met. Staff stated that this process helped them to develop care plans that were personal to each individual person. Staff felt that the care plans outlined the likes, dislikes and preferences of each person and guided them in the delivery of good care. Our review of the records confirmed this.

Staff provided an inclusive approach to involving people in making choices about their day to day care and support. Where choices were offered, we saw that decisions were respected. People living with dementia were offered choices about their food and drink through visual choices. We also saw a staff member showing someone a choice of activity to participate in, before supporting them to engage in it. Staff understood their role in involving people in making choices and decisions about their day to day care and support.

Staff demonstrated through their actions that they were aware of people's current needs. For example, one person's records indicated that they required regular pain control and we observed staff making sure that the person was not in pain through the day. We found that this information had been incorporated into this person's care plan.

Throughout our inspection we observed that staff spent time talking with people and were responsive to their needs and requests, involving them in discussions about

their care. For example, if they were interested in a joining a planned activity. On the day of our inspection, people had the opportunity to have their hair done, chat with each other and join in various activities, including a barbeque held in the garden area at lunchtime. People were encouraged to make decisions about their everyday activities, with staff support when required, for example, where they wanted to eat and what they wanted to do.

Staff sat and engaged with people at a level they could understand and which ensured that care was person centred. We observed staff working with people living with dementia in an appropriate way. We heard appropriate music playing in the background with people being encouraged to sing along. During the afternoon a visiting guitarist/singer provided background music to the people in one of the lounges.

People were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. One person told us, "I don't have any issues but I would talk to staff. They are here to help me and always listen, even if my problem is only small." A relative said, "I would be happy to speak with anyone if I had a complaint and when I have, things have been dealt with properly." The complaints policy was displayed on the notice board in the reception area for people to refer to

The complaints log showed that complaints and concerns were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and in a way that would improve the service. We found that there was an effective complaints system in place that enabled people to express their concerns and improvements to be made.

# Is the service well-led?

## Our findings

People were positive about the registered manager and the way in which the home was run. One person told us that the registered manager was, “So good. I see them every day. They come and see me and always talk, which is lovely.” This person told us that they were kept updated about changes in the service and things which affected the people who lived there. People confirmed that they thought the home was run in the best way possible, so that they received good quality care. A member of staff told us, “The manager is very supportive; she has an open door and we can always ask her things. She is a brilliant leader.”

Relatives had regular conversations with the registered manager and said that any issues raised, were dealt with quickly. We looked at the processes in place for responding to incidents, accidents and complaints. Staff told us that where incidents or other untoward events had occurred, the registered manager had analysed patterns to prevent future occurrences and used it for discussion within staff meetings and individual staff supervision so that lessons could be learned where appropriate.

Staff were confident to report members of staff should they witness anything untoward. They told us they would have no hesitation to use the whistleblowing systems should the need arise. We asked what they would do should they have concerns about the registered manager’s actions and were told that they would speak with the provider or the local authority. Everybody told us that the registered manager had an ‘Open Door’ policy and they were able to speak with her at any time.

The registered manager demonstrated that she understood her responsibilities by explaining her role in relation to safeguarding, disciplinary action and notifying CQC of any statutory notifications. Where necessary, the home worked in conjunction with the local authority for safeguarding matters and the community nursing team for wound care needs.

People, their representatives, staff and health and social care professionals were asked for their views about the quality of care provided. One person said, “Oh yes, we always get to have our say.” An annual questionnaire was sent out by the provider and we reviewed some of the

comments received from the most recent questionnaire. The comments were all very positive about the service and the care delivered, for example, the way in which staff engaged with people and the quality of the food served. The registered manager told us that the results would be fully analysed and that action would be taken to address areas where improvements had been suggested. People were supported to make their views known about the service.

Staff recognised the visions and values of the home and their role within that. They had the opportunity to give their comments on service delivery and ideas for improvement, based upon lessons they had learned. For example, from safeguarding outcomes or accidents that had occurred. We found that staff regularly had the opportunity to express their views during staff meetings and through supervisions with the registered manager at the home.

Staff were clear about their responsibilities and knew what the registered manager’s expectations of them were. They were clear in their views that they worked well as a team who all had a common goal, to look after people and make sure they received the best possible care. Staff were happy in their roles and we observed that they worked hard to ensure that people received the support they needed.

We saw the registered manager worked well with other staff and was available to support them when needed, working with them to ensure that they were fully aware of the issues that might face people and staff. The rota detailed the availability of the registered manager and the nursing staff so that all staff were aware of when management support was available to them.

The registered manager showed us evidence that frequent audits had been completed in areas such as infection prevention and control, medicines administration, health and safety, fire safety and environmental audits. They told us these were important as part of making sure that the service given to people was of good quality. We saw that maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.