Mrs Maria Mapletoft

The Maples

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Maples is a residential care home providing personal care to 19 older people, some of whom were living with dementia, at the time of the inspection. The service can support up to 24 people in one building.

People's experience of using this service and what we found
People told us they felt safe. One person told us, "It's nice, the staff are good. It's always clean, I get what I want, and the food is good. There is nothing I'd like to change."

People were supported by staff who understood how to manage and mitigate risks to people's safety and wellbeing. Staff understood safeguarding and how to report any concerns. There were enough staff available to meet people's needs. Medicines and infection control were well managed. When things went wrong, lessons were learnt and methods to reduce the risk of reoccurrence were put in place.

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

People needs and wishes were assessed before they moved into the home. People were supported to live healthy lives. Staff liaised with health care professionals as necessary. Specific health conditions were understood and supported. People were encouraged to have a healthy diet and had enough to eat and drink. The chef knew people, their preferences and needs well and met with people daily to offer them a choice of meals.

People were treated with kindness and care. Staff knew people well and supported and encouraged them. People were involved in make choices about their day to day support. People's privacy was respected and independence promoted. People and their relatives felt confident to raise any concerns or complaints, and these had been responded to in a timely and effective way.

The culture of the service was positive and centred on people and their views and wishes. People, their relatives, staff and other professionals had been consulted for their views about the service. Staff worked in partnership with other professionals. Staff were well supported by the registered manager who understood their role and responsibilities. The quality assurance framework assisted the provider and registered manager to identify areas for improvement, and action was taken.

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

Rating at last inspection
The last rating for this service was Good (24 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Maples

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by one inspector.

Service and service type
The Maples is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three visitors or relatives about their experience of the care provided. We spoke with two professionals who regularly visit the service. We spoke with six members of staff including the registered manager, deputy manager, care workers and the chef.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with one professional who regularly visited the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living at The Maples. One person told us, "I feel very safe, thank you." Staff had training in safeguarding and understood the types of abuse people might experience. They knew how to report concerns about these. Safeguarding concerns had been reported to the local authority and CQC as required.

● Staff understood whistleblowing. Whistleblowing laws are designed to protect staff who speak up when they witness wrongdoing. One member of staff told us, "Then would go to CQC, not bottle it up, but tell someone straight away." There was a whistleblowing policy in place.

Assessing risk, safety monitoring and management

● Risk to people's safety and wellbeing were identified, assessed and mitigated. Risks specific to people were considered and ways to reduce these identified. For example, when people had specific health conditions or were at a high risk of falls.

● Risks about people's mobility and risk of falls were planned for. Staff had training in how to support people to move safely and their competency to safely use aids, such as a hoist, had been assessed. Regular checks and servicing took place to ensure that equipment used to support people to move was safe. We saw people were encouraged and supported to use aids to help them move around independently.

● Risks about the building and environment were well managed. Regular checks on the water system, gas and electrics took place. Plans were in place in the event of an emergency. Each person had a personal emergency evacuation plan (PEEP) that detailed the support they would need to leave the building.

Staffing and recruitment

● There were enough staff available to meet peoples' needs, though agency staff were sometimes used. The registered manager explained they requested the same staff from the agency when needed, to provide continuity for people. One person said, "Most days there is plenty." Staff feedback and rotas supported this. Some people told us that there were occasions they may have to wait a short while for their support.

● Staff were recruited using safe recruitment practices which included proof of identity, references and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions.

Using medicines safely

● Medicines were managed safely. Staff had training in how to support people with their medicines, and their competency to do so was assessed. Staff who supported people with diabetes to take and monitor

their blood glucose levels and their competency to do so had been assessed.
● Some people required their medicines at specific times, for example for people living with Parkinson's disease. Staff understood the importance of people receiving these medicines at the correct time and planned the shift accordingly.
● People were supported to maintain their independence to administer medicines themselves where this was possible. This had been assessed by medical professionals, where appropriate.
● Medicine storage, ordering and recording were checked through regular audits. Where improvements were needed, such as ensuring records were made when people were given their medicines, these were highlighted. Records showed that the number of gaps in recording were decreasing.

Preventing and controlling infection
● Infection prevention and control was well managed. Staff had training in infection control. Personal protective equipment (PPE) such as gloves and aprons were available for staff to use and we saw this being used to protect both people and staff.
● People and their relatives told us they felt the home was clean and tidy. We saw domestic staff undertake various cleaning tasks.

Learning lessons when things go wrong
● Lessons were learnt when things went wrong. For example, when people fell, the circumstances were looked at and ways to reduce the risk of reoccurrence identified. These included reviewing care plans and risk assessments and ensuring sensor mats were in place to alert staff that people may need assistance.
● The registered manager monitored accident and incidents to identify any themes or trends.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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

● Peoples' needs and choices were assessed before they moved into the home. People and their relatives told us they were involved in these assessments. Assessments include information about people's health, wishes and their cultural and religious preferences.

● Recognised assessment tools, such as Waterlow, were used to assess people's risks of pressure damage to their skin. This meant information about people's needs and risks could be easily shared with other professionals.

Staff support: induction, training, skills and experience

● Staff new to the service were supported with an induction. This included shadowing more experienced staff. One new member of staff told us, "I shadowed last week for three days. Everyone is lovely here, which helps and eases me into the job. I felt the shadowing was enough and I have had a chance to look through care plans. All staff have been brilliant, showing me what to do. If I'm unsure, I just ask them."

● Staff were supported with training. Courses included first aid, dementia, health and safety, safeguarding and ageing. Staff were supported to ensure they had the skills to support people. The registered manger said, "If we have someone move in, and they have a condition we don't know about and can't access on [online training system], we will try and access that face to face."

● Staff were supported with regular supervision and appraisals. One member of staff told us, "It is a good time for us to chat about work, if want to do any training, how we're finding things. Gives [registered manager] a chance to tell us if we need to improve on things."

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

● People were supported to eat and drink as needed. People were encouraged to stay hydrated during the day with staff offering drinks, and hydration stations were situated throughout the home so people could help themselves. One relative told us, "The chef comes around to offer lunch and dinner, always offering fresh fruit and plenty of fluids. They encourage people to drink, will pick up the cup and put in their hand."

● People were offered a choice of meals. One person told us, "I'd never complain about the food." Another said, "The food is lovely. You can have what you want." The chef discussed meal options with people each day, meaning they could offer alternatives if people did not like the main options. The chef knew people's dietary needs allergies and who had specialist guidance about how they needed their meals. For example, a soft or fork mashable diet.

● Some people's food or fluid intake was monitored. For example, if there were concerns about the weight

or health.
● People chose where to eat their meals. People spent time together in the dining room over lunchtime, making it a social opportunity. Some people chose to eat in the lounge or in their own rooms.

Adapting service, design, decoration to meet people's needs
● Some areas of the service were tired. There were plans in place for gradual redecoration, such as the replacement of carpets and painting. The registered manager shared an environment work plan with us.
● Signs were situated around the building to help people living with dementia know where key rooms were located, such as the lounge, dining room and bathrooms.
● People had access to a small garden area at the rear of the building. The registered manager told us this was used for BBQs in the summer time.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported and encouraged to live healthier lives. Staff arranged for opticians and chiropodists to visit people as necessary. People saw GPs, district nurses and other specialists when they needed to. One health and social care professional told us, "They are brilliant here, if they have any concerns with anything, they will call us straight away or will say would you mind just having a look. They do respond to people well and they know everything about the patient."
● Staff liaised with healthcare professionals to ensure people received the right support. For example, one person's ability to mobilise had changed and staff were working with an occupational therapist to reassess how they could safely move from place to place.
● Some people were supported with medical aids, such as catheters and stoma care. Staff liaised with nurses when necessary. Care plans showed the type of support people required with these and how staff would recognise any concerns.
● When people were living with specific health conditions, such as diabetes, clear plans were in place to monitor and manage these conditions. These included their usual blood glucose levels, which were known by staff. Guidance also included signs of hypo and hyperglycaemia (when blood glucose levels are too low or high) and what action staff should take in either case. Staff had training about supporting people living with diabetes.
● Care plans reflected people's health conditions and how to support them with their health. Oral hygiene was regularly assessed, and support offered to improve this as necessary. Hospital passports detailed people's needs and key information so this could be shared in the event of a hospital admission.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff understood the importance of people make decisions about their care. We heard staff offering people choices such as about what they would like to do, what they'd like to eat and whether they wanted support.

● Staff had training in MCA and DoLS. Some people were assessed as lacking the capacity to make specific complex decisions. One member of staff told us, "[Person] can make decisions about food, care and to take their medicine or not." They understood the person had an authorised DoLS in place, but they could still make other decisions.

● Some people had legal arrangements for others to make decisions on their behalf, such as power of attorney and court appointed deputyship. The registered manager knew who could make which decisions, and held paperwork confirming these arrangements.

● When people had authorised DoLS with conditions these were known and understood by staff. Monitoring forms were in place to ensure these conditions were complied with.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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

- People were treated with kindness and care. One person described staff as, "Thoughtful and kind." Another person said, "The treat me really well." We observed staff reassuring people when they became upset or distressed. A relative told us, "Staff are so helpful and friendly."
- Another relative explained how staff supported the person with their health condition and the limits this had on their diet, without making them feel they were missing out. They said, "[Member of staff] has just gone in to make [relative] sugar free jelly for tonight, it's that little bit extra."
- Staff understood equality and diversity and had received training about this. One member of staff told us, "It's giving everyone equal choice, not discriminating against them due to age, race or sex. Giving them their rights."
- People's religious and cultural needs were understood and supported. For example, for one person how regularly they met with their religious leader was very important to them. Staff understood this and helped to ensure they were visited regularly.

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

- People were encouraged to make decisions about their day to day care. We heard people being offered choices and engaging in discussions with staff. One member of staff told us, "We give them choice. If they have wishes, we try our best to meet them."
- People were encouraged to take part in reviewing their care plans. However, the registered manager explained people did not want to discuss these with him on a monthly basis. Instead, discussions happened when something had changed for the person.
- Regular meetings were held for people living at The Maples to share their views with the registered manager and staff. Minutes showed discussions included meal options, activities and what people thought about the staff. Those not able to attend the meeting were offered the opportunity to give their views on and one to one basis.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. When people wished to spend time in their rooms, this was respected and we saw staff knocked on doors, waiting for a response before entering.
- People were supported with dignity and respect. One person's relative described the kindness and understanding staff had offered their loved one. They said, "They were lovely with [relative], really

welcoming and sensitive to them being very ill but that they were very independent."

● People were supported and encouraged to be independent. Care plans identified areas people could manage themselves, and where they needed staff support. For example, when staff were supporting people with washing and bathing, the areas people could manage themselves were highlighted.

● Staff understood how to protect confidentiality. One member of staff said, "Don't talk about residents in front of other residents. Do handover in office so residents don't hear. Information about people is locked away, no care plans are left out. We make telephone calls in the office or the person's room."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People were supported by staff who knew them and what was important to them. One person said, "They know what I like and what I don't." A member of staff told us, "I like to support them to be able to do things and see the pleasure on their face when they achieve something. I like them to know they are still an important person, so they don't lose it."
- People's preferences were understood and respected. For example, if people only wished to be supported by female staff this was reflected in the care plans. We saw this was respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences were assessed and considered. Care plans showed when people used aids for hearing or sight and staff encouraged people to use these.
- One person's first language was not English. Staff communicated with the person in a way that worked for them both. Initially this had included pictures, but staff now offered the person choices visually, such as offering two different plates of food at lunch time.
- One person's relative told us about how the registered manager had supported them to get their relative hearing aids, meaning they were able to join in conversations with others.
- Information about the service, such as how to make a complaint, was available in a large print format for people who needed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were arranged by the activity's coordinator, responding to what people wanted to do. They told us, "Depending on them - we do water colour painting, ice cakes, make chocolate. Last week we made pizzas for supper. People can have manicures, arm and hand massage and do their hair." We saw people take part in a quiz, which staff had tailored to each person ability level. People were laughing together and enjoying themselves.
- People also had visits from outside entertainers such as singers and musicians. Animals also visited the home.

● People were encouraged to develop and maintain relationships. Staff encouraged people to socialise with others in the home. We saw many people receive visitors who were welcomed by staff.

Improving care quality in response to complaints or concerns

● People and their relatives told us they could raise any concerns with the registered manager or staff team. One person's relative said, "They pointed out complaints procedure when first came. If we've had a concern, we have spoken to [registered manager] or [deputy manager] they are always very responsive." Another said, "I've been happy with everything since [relative] has been here. I feel comfortable, if there was a problem, to say about it."

● Information about how to complain was available to people in the hallway of the home. One person, whose first language was not English, had been provided a copy of the complaints procedure in their own language.

● Complaints had been responded to effectively in a timely way and used to improve the service provided. For example, following complaints about laundry and clothing the registered manager had reviewed and changed the laundry system within the home.

End of life care and support

● People were supported at the end of their lives with dignity and care. Staff had training in supporting people at the end of their lives. A health and social care professional told us, "Staff are very good at end of life care. If patients wish to stay here, if there is a change in condition, they will call us. People have been able to have dignified deaths."

● People's choices about the end of their lives had been considered and explored. People's preferences about resuscitation were recorded.

● No one was receiving end of life support at the time of the inspection.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- The culture was positive and centred on people and their experience. One member of staff told us, "I like giving back to the residents, they put time and effort to the world to make it what it is. It's nice to know I've made their day better by looking after them."
- One person's relative told us, "We couldn't have found a better home for [relative]. We're impressed with their caring and how responsive they are. How they know the little quirks. The fun patter between them. [Relative] enjoys having a banter with [registered manager] about things like holidays. It is not soulless, there is a lot of care and feeling. They like and care for their residents here, it is more like a home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood duty of candour. People's relatives told us staff were open and kept them updated. One person's relative said, "They are extremely conscientious if [relative] is unwell, staff call me if they are poorly, email me if they have been feeling down. When I arrive [registered manager] will tell me how they are." When things had gone wrong, information had been shared with relevant parties and staff had been open and honest.

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

- People's relatives told us they felt confident in the registered manager. One person's relative said, "[Registered manager] is very diligent about everything, if [relative] says something like cold porridge, they will sort it very quickly." Another visitor told us, "[Registered manager] is amazing, he and [deputy manager] run this place lovely. If ever there is a problem, he will deal with it."
- A health and social care professional told us, "[Registered manager] is great, really nice. I have a good rapport with him. He knows everything about the patients."
- Staff told us they were well supported by the registered manager. One member of staff said, "He is fair and supportive. If you have a down day, he will check you are ok and offer a chat. He has done this place wonders. He is getting things done, a lot of paperwork needed updating. There has been regular team meetings and supervisions, and also residents' meetings."

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

● People, their families, staff and other professionals were surveyed for their views on the service. The registered manager reviewed the results and responded. For example, people had expressed dissatisfaction with the bread used, so they changed this.

● Staff were supported with regular staff meetings. Minutes showed discussions about people, staffing and areas for improvement.

Continuous learning and improving care

● The registered manager sent a weekly report to the provider about the service. This highlighted any areas for improvement and gave an overview of the environment, people, staffing and other important information.

● The registered manager completed an annual quality assurance report on the service, looking at what had been achieved and identifying areas for further improvement.

● The registered managed took part in registered manager networks, meeting with other social care managers to learn and develop.

Working in partnership with others

● Staff worked in partnership with other professionals. One health and social care professional told us, "I believe that the staff do indeed know their patients and their needs well, and are very caring, that do have the necessary skills and training, and that they know their limitations. They are responsive and follow guidance. For example, the Clinical Commissioning Group (CCG) recently introduced a new care home guideline for the management of suspected urinary tract infections (UTI). New query UTI request forms were distributed by the CCG and the staff at The Maples immediately started to use them, completing the first form last week in full."