

Orbital Care Services 2 LTD

# Mapleford Nursing home

## Inspection report

Bolton Avenue  
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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

Mapleford Nursing Home is a nursing and residential care home which provides nursing and personal care for up to 54 people, including older people, younger adults, people with mental ill health and people living with dementia. At the time of the inspection, 29 people were living at the home. Accommodation is provided in separate units on two floors.

### People's experience of using this service and what we found

People were supported to remain safe from abuse and avoidable harm. Staff were knowledgeable about the risks people needed support to manage. Risk assessments and risk management plans provided sufficient detail and were reviewed and updated when required. Relatives told us they were confident the home provided safe care.

People's needs had been thoroughly assessed and their preferences were reflected in their care plans. People's health needs had been regularly reviewed and updated to reflect any changes. The staff worked effectively with medical professionals to optimise people's health and well being.

Staff were kind and caring. People were respected and their views valued. People were supported to communicate, guidance in care records helped staff understand how best to understand and support people's communication.

People received personalised care which reflected their needs and preferences. Activities had been adapted which helped ensure people had enough to do. Any concerns people may have had had been responded to.

The registered manager provided clear leadership. Staff and relatives felt confident in the management of the service. The registered manager and provider ensured governance systems identified good practice and areas for improvement. Recent action plans had been completed which had improved the quality of audits and governance.

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.

### Rating at last inspection

This service was registered with us on 15 July 2020 and this is the first inspection. The last rating for the service under the previous provider was Requires Improvement, published on 13 November 2019.

### 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 home 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.

# Mapleford Nursing home

## 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 and one assistant inspector.

Mapleford Nursing Home is a 'care home' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

We gave the service 24 hours notice of the inspection. This was to ensure our visit could be accommodated safely during the current Covid19 pandemic.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 eight members of staff which included the registered manager, area manager, a registered nurse, care staff, domestic and activity staff. We spoke with the relatives of three people and reviewed the minutes of resident's meetings and surveys. We were unable to interview people living in the home due to

risks associated with the pandemic. We toured the building, observed staff interactions and two meal times. We reviewed a range of records which included policies and procedures, recruitment and staff training, care records of two people, medicine records for six people and a range of audits and governance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to protect people from the risk of abuse and avoidable harm which reflected the local authority procedures. Safeguarding records we looked at were thorough and internal investigations properly recorded.
- Staff understood how to recognise potential abuse and were confident it would be managed properly if they raised it. Staff were also aware of how to whistle blow outside of the organisation if needed.
- Relatives we spoke with were confident their relatives were safe.

Assessing risk, safety monitoring and management

- Staff followed effective risk assessment and management procedures which helped support people to manage risks.
- We reviewed care records and risk assessments which showed detailed risk management plans were reviewed and updated on a regular basis.
- The provider had robust environmental risk management plans which helped ensure the home was safe. These included, water temperature checks, legionella safety checks, fire risk assessments and evacuation plans.

Staffing and recruitment

- The provider followed robust recruitment practices which helped ensure staff were appropriate to work with vulnerable people.
- We reviewed recruitment records for three staff and found all necessary checks had been completed prior to them starting employment.
- We reviewed rotas and found there were enough staff to support people safely. Staff we spoke with felt they could keep people safe but they struggled at times due to staffing levels. We discussed staffing levels with the registered manager who assured us staffing was continually reviewed and they were seeking to recruit additional staff.
- Relatives told us they felt there were enough staff though not many had been able to visit recently due to the pandemic. Relatives told us; "I felt that there were enough staff on duty when I could visit the home but obviously, I don't know now due to the non-visiting restrictions." and "When visiting before lock down yes there appeared to be enough staff."

Using medicines safely

- The provider followed clear medicine management procedures. People received their medicines as prescribed from staff who were trained and knowledgeable. Staff competencies were checked regularly by

the management team.

- Medicine records were accurate and reflected good practice. Where people needed medicines on an 'as required' basis there were clear protocols in place to guide staff on the circumstances to give medicines and the dose.
- Time sensitive medicines were stored and recorded properly which ensured people received them in a timely way.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider and management team ensured they investigated and analysed any incidents and accidents to identify any learning.
- Findings of investigations had been discussed in staff meetings and practice amended where required.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The management team completed comprehensive assessments of people's needs prior to admission which helped ensure they were able to meet people's needs.
- Care plans identified the support people need in relation to each area of their health and social care. Care records we looked at had been reviewed and updated regularly.
- People had been involved in developing their care plans, where people had not been able to participate families had contributed.

Staff support: induction, training, skills and experience

- Staff had received training appropriate to their role. We looked at the training matrix and found some training was not up to date. We discussed this with the registered manager who were aware of this and explained priority had been given to infection control training. Plans to ensure outstanding training were completed had been provided.
- Staff we spoke with felt they had enough knowledge and skills to support people in their care.
- Staff received regular supervision from the management team to support their learning and development.

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

- Staff supported people to eat and drink enough food. Records we looked at showed people who were identified as at risk nutritionally received fortified meals.
- Staff supported people who needed modified diets, such as soft and pureed. We observed two meal times and saw staff were following the advice of other professionals in relation to food texture and size of utensils to use.

Staff working with other agencies to provide consistent, effective, timely care

- The management team worked closely with other agencies, including; link nurses, speech and language therapists, dieticians and commissioners.
- Care records included evidence of contact with other professionals and we observed their advice had been followed. Staff referred people to other services when required.
- Nursing and care staff in the home worked closely together. Staff told us they could always raise anything with the nurses and were confident they would follow things up.

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

- The provider had recently completed some refurbishment and updating in the home.

- The management team had needed to review how communal spaces were used to meet social distancing due to the pandemic.
- The home appeared to be well maintained and homely.

Supporting people to live healthier lives, access healthcare services and support

- The management team ensured people's health needs had been assessed and plans developed to support them to maintain their health.
- People were supported to access healthcare when required, the registered manager worked closely with the link nurses from the local practice.

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.

- The provider was working within the principles of the MCA. People who needed DoLS in place had them or they had been applied for and were awaiting a response. The registered manager ensured they chased up applications on a regular basis and used a tracker to keep up to date.
- People were supported to have maximum choice and control in their lives. Where people were unable to make certain decisions, staff followed best interest decision making guidance.
- Staff we spoke with understood the importance of getting consent from people and showed skill and kindness in how they encouraged people to understand.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider had policies in place to identify and respond to people's individual equality needs. Care records we looked at included information about people's cultural and religious needs.
- People had been supported to attend religious services until the pandemic prevented this.
- Staff were observed to treat people kindly. Relatives we spoke with said, "Yes [staff are kind and polite] we felt that it was getting better at the home." and "I think the staff are wonderful and throughout lockdown have been very careful."

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

- The registered manager consulted with people in a variety of ways to involve them in decision making.
- Care records we looked at reflected people's views or known previous views where they were unable to express them. Guidance on how to involve people and engage with them were included in their communication guides.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people in ways which protected their modesty and dignity.
- Care records we looked at included information about what people were able to do for themselves.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The management team ensured people received person centred care based on their wishes and preferences.
- Staff were knowledgeable about what was important to each person.
- The management team ensured people's needs and preferences were updated and reflected any changes in their needs and wishes.

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.

- The provider had met this requirement. People's care records included communication plans which provided guidance on how to support people with communication.

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

- The management team had recorded information about what and who was important to people living in the home. Interests and preferences were included in planned activities.
- In response to the pandemic the activities co-ordinator had adapted some activities such as visiting pubs and shopping trips. Pub lunches had been recreated in the dining room with a bar. Staff offered to pick things up from the shop for people who could no longer go themselves.
- There were a variety of social activities in the home which people enjoyed. One to one time was also available if preferred.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was readily available. Relatives we spoke with were confident they would be listened to though they had not felt any cause to raise any concerns recently.
- We reviewed the complaints log and found complaints had been investigated fully and the outcome recorded and fed back to the complainant.

End of life care and support

- People had been supported at the end of their lives to be comfortable and as pain free as possible.
- The provider included information in care records about people's wishes with regards to death and dying,

Care records we looked at included updated decisions or people's wishes not to consider their needs in relation to this.

- Some staff had received end of life training.

We recommend nursing staff receive additional training in relation to end of life medicines to help ensure people's wishes to remain at the home could be fulfilled.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was committed to providing good quality care for people which achieved positive outcomes. The registered manager and staff team were aware of what the provider expected.
- The registered manager was clear with the team about the standards and quality of care expected. Effective handover records ensured staff understood what support was needed and who would provide this.
- Relatives we spoke with had confidence the home was well managed. Comments included; "I feel the home is well managed." and "The registered manager is very approachable and understanding."
- Regular audits of care practice and records had been completed by the registered manager with oversight from the provider. Audits and governance records, we looked at were thorough and identified any gaps or areas for improvement. It was not always clear what action had been taken though we were assured it had.
- The documentation and records were easily accessible and well organised which helped ensure the registered manager could maintain good oversight of the service.

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 had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was on display.
- The provider understood their responsibility to keep people informed if things went wrong. Records we looked at showed they had contacted relatives following incidents.

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

- The provider had a variety of ways of involving people and seeking their views. During the pandemic there had been some adjustments to try to maintain good communication with families. Resident meetings were held, newsletters published, regular phone calls and the use of secure social media platforms had been used.
- Resident meetings had been thoroughly recorded. People's views were clear and their opinions valued. Action had been taken in response to suggestions made.
- The registered manager held regular staff meetings which discussed the day to day business of the home and care practice. Minutes were thorough and showed staff were able to contribute their views.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous learning and development. Staff were supported to develop their skills and interests.
- The provider and registered manager worked in partnership with other agencies and professionals. The provider had changed recently and there were other homes they could link up with to share knowledge and skills.