

HC-One Limited

Maple Lodge (Stafford)

Inspection report

Rotherwood Drive
Rowley Park
Stafford
Staffordshire
ST17 9AF

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Tel: 01785255259

Website: www.hc-one.co.uk/homes/maple-lodge

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 ●

Summary of findings

Overall summary

About the service

Maple Court is a residential care home providing accommodation and personal care to 35 people aged 65 and over at the time of the inspection. The care home accommodates up to 40 people in one adapted building across two floors.

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

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; however, the policies and systems in the service did not support this practice.

Staff were trained to meet the needs of people and worked well with each other and with other organisations to provide effective care and support. People had access to healthcare as required and received their medicines on time and in a safe way.

People's risks were assessed, and plans were put in place to guide staff to support people and alleviate the risk of harm occurring. Staff had the skills and knowledge to safeguard people from the risk of abuse and knew how to report concerns to the relevant and appropriate professionals. When things went wrong, the manager had systems in place to address the issues, and actions were taken to prevent the same incidences reoccurring.

Staff were kind and treated people with compassion. Staff knew people's likes and dislikes and provided support in line with people's choices. Care plans reflected what was important to people.

People and their relatives knew how to make a complaint and felt assured that concerns would be addressed in a timely and efficient way.

People, their relatives and health care professionals had the opportunity to share their views about the service.

The quality and safety in the services was consistently monitored. The manager at the service was in the process of registering with the Care Quality Commission. The registered providers took an active role in the service, meeting people, staff and relatives. The manager had a clear vision for the development of the service.

Rating at last inspection

The last rating for this service was Good (report published 18 March 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?

Requires Improvement ●

The service was not always 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.

Maple Lodge (Stafford)

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 carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Maple Lodge 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 an acting manager who was not yet registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

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 10 people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the area director, the manager, deputy manager

and two care assistants.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

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 Requires Improvement because we could not be assured that people were fully safeguarded from the risk of abuse. Risks were not always managed in a safe and consistent way. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were mostly stored safely in line with best practice guidance. We observed on two occasions room temperature recordings were missing. We brought this to the manager's attention who stated this would be addressed with staff who were responsible for recording this information.
- People received their medicines safely and as prescribed. One person told us, "I get my medicine on time and my painkillers daily."
- Medication Administration Records (MAR) we reviewed were completed without error and there were protocols in place for medicines that were administered on an 'as needed' basis.
- Staff received training in the safe administration of medicines, which included regular competency checks to ensure staff remained suitably skilled and proficient.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Maple Court. One person said, "I am not frightened or worried, they [staff] take good care of me." A relative told us, "My [relative] is as safe here as they will ever be; it's the safest place they could be."
- Staff had received safeguarding training and knew how to recognise and report any safeguarding concerns.
- The manager understood their responsibilities in relation to notifying the Care Quality Commission when safeguarding concerns had been raised with the local authority.

Assessing risk, safety monitoring and management

- The service had mechanisms in place to identify and mitigate risk.
- People had risk assessments in place that gave staff guidance they needed to prevent the risk of harm.
- Staff knew people well and could tell us what actions they took to keep people safe. Support was delivered in ways that promoted people's safety and well-being.

Staffing and recruitment

- People and their relatives told us there were sufficient numbers of staff to meet their needs. Feedback we received included, "I don't have to wait long when I press the buzzer" and "The staff deal with everything; there is enough of them (staff) and weekends are the same."
- We observed staff supporting people in a timely way.
- The provider recruited staff through a safe recruitment process. Staff were required to have a Disclosure

and Barring Service (DBS) check prior to commencing their employment. A DBS helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff received training in the control and prevention of infection.
- Staff were observed wearing Personal Protective Equipment (PPE) throughout the inspection which reduced the risk of cross contamination.
- Areas were seen to be clean and odour free.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to prevent further incidences of the same nature occurring. For example, there had been a high number of recorded falls throughout the service. The manager worked alongside the deputy manager and the provider to look at ways of further mitigating people's risks such as environmental factors, the effectiveness of which was continually being reviewed.

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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Mental capacity assessments were not consistently completed across the service. Most people who lacked the mental capacity to make specific decisions did not always have the correct documentation in their care files. This meant we could not always be assured that people had been consulted about their decision-making ability. We brought this to the manager's attention who assured us that they would address this with immediate effect. At the end of the inspection, we observed that this process had begun.
- Staff sought people's consent before supporting them with their care and acted in accordance with people's wishes.
- Staff had received MCA training. One staff member said, "It is about whether people can make decisions for themselves and how we can support them with their choices."
- DoLS applications had been submitted to the local authority to ensure where people were being deprived of their liberty, this was being done lawfully.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider completed a pre-assessment before people came to live at Maple Lodge. This information contributed to people's care plans. This helped to ensure the provider was able to effectively meet people's needs.
- People's care plans were reviewed regularly, and records were updated to reflect any changes in need.
- Staff communicated with each other through means of a daily handover where information was shared on a need-to know basis. This enabled staff to keep up-to-date and provide consistent care and support for people.

Staff support: induction, training, skills and experience

- New employees received an induction that included shadowing experienced staff and on-going training. New staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills, behaviours expected of specific job roles in the health and social care sector.
- Training was provided for staff to enable them to support people in the most appropriate and effective way.
- Staff received supervision with their line managers and used this as an opportunity to discuss their own practice and areas for development.

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

- People received enough food and drink to meet their dietary requirements. We observed people being offered drinks and snacks throughout the day. One person said, "The food is very nice, it's really good."
- People told us they received two choices at meal times and we observed staff showing people two smaller plates of the available options at lunch time.
- Where people had specific nutritional needs, advice was sought from relevant professionals and staff understood how to meet these needs.

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

- Staff worked alongside other agencies such as the local authority to provide positive outcomes for people.
- People had access to healthcare as required and told us they received support from visiting professionals such as GP's, opticians and podiatrists.
- We viewed care records that evidenced healthcare professionals had visited people and provided advice, care and support to meet their healthcare needs.

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

- Maple Lodge was bright and spacious. People were able to move around the home as they wished, and we observed this on the day of the inspection.
- Objects such as coat and hat stands were sited around the home to generate a homely, inclusive feeling and help people orientate around the home.
- The design and layout of the home supported the needs of people who were living with dementia.

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 and their relatives told us they were happy living at Maple Lodge and felt cared for by a staff team who were caring and compassionate. Comments we received included, "I am happy living here. They (staff) look after me very well", "They (staff) are so kind to everyone; I've never heard anything negative said" and "[Person's name] refused to have a wash at home and they had not had their hair washed for four months. Within 24 hours of moving here they had been supported by staff to have a wash, have their hair washed and get dressed. They would refuse to walk, but now they walk spontaneously with their frame."
- Staff were observed taking the time to talk to people and engage in conversation. People responded positively, exhibiting signs of happiness, smiling and laughing with staff.
- The manager took into consideration people's diverse needs and protected characteristics under the Equality Act 2010 such as race, religion and sexual preference. Staff supported one person with their individual dietary preferences and people's religious beliefs were respected.

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

- People were given the opportunity to make decisions and choices about how their care was delivered, and staff asked people how they would like to be supported.
- People told us they were able to choose how and where they spent their day and staff respected their choices and we observed this in practice during our inspection.
- The manager held resident meetings to enable people to contribute their views about the running of the service. Minutes of the meetings evidenced feedback had been acknowledged and actions were taken as a result to improve service delivery.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected the dignity and privacy of people they were supporting. One staff member said, "I speak to people and get to know them and their families. I ensure I speak to people with respect and maintain their privacy when supporting with personal care." A relative said, "They [staff] respect [person's name] privacy and their dignity and I always feel welcome here." This supported what staff had told us.
- People were supported to maintain their personal appearance to promote their self-esteem and well-being. One person said, "Staff help do my nails and support me to maintain my appearance. You can have your hair done on a Wednesday by the hairdresser; it makes me feel good." A relative told us, "I know staff take good care of [person's name] because of the way they look and that they are not complaining about anything."

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's Care plans were personalised and documented individual choices and preferences providing guidance for staff to deliver care in a person-centred way. One staff member told us, "It is important to allow people to be who they are and who they always have been. We use the care plans to give us the important information we need."
- People, where possible were consulted and participated in the planning of their care. Relatives were also engaged to feedback about their relative's care. One relative said, "I am involved when decisions need to be made and I am involved in the care plan review; it is reviewed every two or three months."
- Each day one person was chosen as 'the resident of the day'. Particular attention would be applied to the specific needs of the person to enhance the personalisation of care for the individual.

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 manager was aware of their obligation to meet the AIS.
- Information relating to communication was assessed before people moved to the service to enable the manager to ascertain how to effectively meet people's needs and provide appropriate resources and provisions.
- Information was available in different formats upon request.

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

- We observed activities taking place such as skittles and games. We received positive comments about the improvement in activity provision since the manager had been in post.
- The manager told us they had developed activities based on people's feedback. People had reminisced about trips to the beach, so the service held an indoor beach themed day.
- One relative told us, "There are activities going on including games and skittles. There has recently been a singer performing for people and [person's name] really enjoyed that. They [staff] had a beach party and they brought in fish and chips. There is a visiting Pets As Therapy (PAT) dog and we can also bring in our own family dog."

Improving care quality in response to complaints or concerns

- There was an effective system in place to address complaints. The complaint process was displayed in a communal area for people and relatives to access.
- People and their relatives knew how to make a complaint and were confident any complaints would be addressed in a timely way.

End of life care and support

- Some people had their end of life wishes considered and recorded however not everyone living at Maple Lodge had end of life care paperwork in place. The manager informed us that this was an on-going piece of work and the senior staff team would be speaking with people and their families to continually improve this area of practice.

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 manager demonstrated an on-going commitment to providing high-quality care for people.
- Feedback we received from people, families and staff was consistent about the improvements that had been made since the manager had been in post. Comments we received included, "[Manager's name] is a good manager. I have no complaints and I would recommend here to others. I rate it as 5 out of 5; it's the best", "[Manager's name] is in charge and they are good. The atmosphere in the home is caring and friendly" and "They [manager] is very fair and understanding. The deputy manager is the same."
- The provider had a clear vision which promoted an open and transparent, person-centred culture. Staff knew people well and adopted the values and principles putting them into practice to deliver safe, quality care for people.

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 manager understood their responsibilities under the duty of candour telling us, "We have never had to respond to anyone using the duty of candour, but we would always do a full investigation and a root cause analysis. We would ensure we learned from what happened and we would always say sorry."

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

- The manager had been supported by a deputy manager who was also new in post. This reinforced the management structure that was in place. The manager told us, "We now have the deputy in place. I feel more supported and we work together to help find solutions; there have been some pretty testing times, but we have got through it."
- There were quality assurance systems in place. Audits were undertaken on a regular basis, however during our inspection we saw one audit had not identified that there were two missing temperature recordings in the medication room as already highlighted in this report. The manager informed us that on these occasions both they and the deputy manager were on annual leave and they would be ascertaining the reason behind the omission.
- The manager reinforced the safety and quality processes by completing 'daily walk rounds' ensuring that people were in receipt of safe, high quality care. The manager completed 'out of hours spot checks' to reinforce this practice at night time.
- The manager understood their requirements as manager and had applied to become registered with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Resident and relative meetings were held as an opportunity for people to feedback about the service. The manager had facilitated the meetings on different days and times to maximise attendance. Meeting minutes were displayed, and we saw where feedback had been actioned and acted upon.
- Annual surveys were issued as another method to identify areas of improvement.
- Staff confirmed they attended team meetings and used these to share ideas and discuss concerns. One staff member told us, "As an example, we said we wanted to see more activities for people and this is now happening." This demonstrated the manager recognised the importance of obtaining other people's ideas to improve care and provide positive outcomes for people.
- The manger used a range of best practice guidance to develop their own skills and knowledge and to drive improvement through the service.
- The manager told us, "We are still learning but things are continually improving, for example our training statistics had dropped but we have addressed it and the numbers are on the rise; we can all see the difference that is being made."

Working in partnership with others

- The manager worked closely with other professionals and organisations to improve service provision. For example, the manager was working in partnership with the local GP surgery to support people and reduce the need for hospital admission.
- Community links had been established to enhance care for people. For example, the local school visited the service to entertain people and provide companionship.