St. Matthews Limited

Maple Leaf House

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
Maple Leaf House is a care home service with nursing, it provides personal and nursing care to young adults, older people, people with mental health conditions or dementia. At the time of the inspection there were 28 people using the service. The service can support up to 30 people.

The building is purpose built and set over three floors with lift access to all floors. People have their own rooms with private facilities and there is a courtyard and garden area.

People's experience of using this service and what we found
We made a recommendation around supporting people with orientation in the home.

People were safe. Risk assessments were in place and reviewed regularly to ensure safe care continued.

Staff had received training and could recognise signs of abuse and knew when and how to report it.

Safe recruitment procedures meant that suitable staff were employed.

Medicines were managed, stored and disposed of safely.

Infection control measures were in place.

People's choices, lifestyle, religion and culture as well as their personal and health care needs were planned into care delivery.

People were supported to access health care services when needed.

Staff had been trained and had the skills needed to do their job.

People's needs were met by good planning and coordination of care.

Pre-admission assessments took place to ensure the service could meet people's needs prior to care starting.

A complaints procedure was in place and complaints were responded to in line with the policy.

The provider, management team and staff had developed an open and honest culture, people and staff found them friendly and supportive.

The manager had good oversight of the service from the quality monitoring processes.

Learning and skill development was actively encouraged, and staff felt confident in their role.

The manager worked in partnership with other professionals to strive for good outcomes for people who used the service.

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.

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 (published 15 December 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.

Maple Leaf House

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 conducted by one inspector and one assistant inspector.

Service and service type
Maple Leaf House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the CQC. However, a manager had been appointed and was going through our registration process. This means that the provider is 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 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 contacted Healthwatch Leicestershire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the local authority for feedback. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including, the manager, two care workers, the activities coordinator, the chef and the deputy manager.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at records in relation to training and staff supervision. A variety of records relating to the environment and the management of the service were reviewed.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. Staff were trained and knowledgeable around types of abuse, how to recognise the signs and how to report concerns. One staff member told us they would report to the manager if they had any concerns and felt confident that it would be dealt with. They were also able to explain how to escalate concerns if they needed to. For example, to senior management or the local authority.

● Another staff member talked to us about protecting people from abuse around restraint techniques. They were able to explain how the policy, procedure and records system in the service supported de-escalation techniques and positive behaviour support over restraint.

Assessing risk, safety monitoring and management

● Personalised risk assessments were in place, they considered risks in the environment as well as risk to the individual such as weight loss, falls and skin condition. Regular reviews ensured changes in risk to people were identified and actioned.

● Staff had received training in the "react to red" scheme. This was and early recognition and intervention tool to reduce the risk of pressure sores. Staff told us they used a daily form to check for early warning signs such as red skin and damage to mattress that may contribute to pressure sore development. Any concerns had been escalated to the district nurse team.

Staffing and recruitment

● There were enough available staff to meet people's needs. A contingency plan meant in the unlikely event of high levels of staff absence the service would still operate safely.

● Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

● Medicines were managed, stored and disposed of safely. Regular temperature checks of the medicine storage room and refrigerators ensured medicines were stored in line with the manufacturer's instructions.

● Peoples medicine records were clear and easy for staff to follow. Some people were not able to make decisions about taking medicines and were given medicines covertly. For example, disguised in foods. Where this practice took place there was clear evidence of professional guidance including pharmacy advice.

● Only trained staff gave people medicines. We observed a medicine round and saw staff followed best practice guidance such as not leaving the medicines trolley unlocked when unattended and checking medicine records thoroughly to ensure they were giving medicines to the right person. As and when required medicines had individualised plans in place for staff guidance.

Preventing and controlling infection

● People were protected from the risk of infection. The home was clean, smelt fresh and was well maintained. Cleaning schedules were in place to ensure regular cleaning.

● Systems and processes for managing hygiene in the laundry room and the kitchen ensured people were protected. For example. A coloured bag system was used for separating soiled laundry from other items and guidance on wash temperatures were clear for staff to follow. The kitchen completed regular cleaning schedules and fridge temperatures were monitored. Food temperatures were taken and recorded before food was served.

Learning lessons when things go wrong

● Staff understood the accident and incident procedure. The manager maintained good oversight of accidents and incidents and analysed records for trends and patterns. Where there had been an increase in falls the manager had implemented a recognised exercise scheme to improve posture strength and flexibility. This was inclusive to all people and could be completed from a chair or wheelchair if required.

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 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
● People received an initial assessment before moving into the home. Where people had a specific condition, extra staff training ensured people could be well supported and there needs met.
● People were asked about their health conditions, religion, relationships, culture, likes, dislikes and hobbies, this information was used to plan their care and support.

Staff support: induction, training, skills and experience
● Staff had received an induction and regular training that ensured they had the skills they needed to do their job. A training coordinator was available for support and staff told us they could request extra training if they felt they needed it. Senior members of the team were available to support staff. One staff member said, "If I have got any problems, they [nurses] will listen to me. Nurses provide good support."
● Staff received regular spot checks, supervisions and appraisals, they told us they felt well supported in their role. The introduction of morning "flash" meetings was praised by staff. These were quick catch up meetings used for information sharing and learning.
● The provider was an equal opportunities employer and employed a workforce that reflected the diversity of the people it cared for.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported well with nutrition. We observed snacks and drinks were available throughout the day and on request. People were offered choices and pictorial menus were available to support people with choice. A relative told us, "[Relative] is quite happy, the food is good."
● We spoke with the chef who told us residents chose the menu via the monthly meetings. The chef received clear information on dietary requirements and allergies. We saw soft foods were presented individually on people's plates to ensure they looked appetising.
● People who were at risk of malnutrition had been assessed and records were kept to monitor food and fluid intake. The manager and staff had worked in partnership with dieticians and speech and language therapists to ensure people were well supported.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access healthcare services and worked in partnership with other professionals such as GP's social workers and occupational therapists. Oral health and chiropody were planned into care. One professional that gave feedback for the service told us, "Maple leaf [house] have purchased a complex static seat for a resident who required one. This is unusual and very pleasing for us. The client is also very

happy and much more comfortable than they were in the standard static seat."
● People were supported with a smooth transition between services. Emergency grab sheets were in place that contained information such as allergies, health conditions and communication needs. These records supported people and emergency healthcare staff in the case of a sudden hospital admission.

Adapting service, design, decoration to meet people's needs
● The home was undergoing a refurbishment program at the time of our inspection. There was limited decoration in the form of pictures or objects to engage and interest people. Some work had taken place in the form of signage on people's room doors to assist them with orientation, However, this had not been followed through to communal areas and required further development.
● People were able to personalise their rooms with their own belongings and rooms were clutter free, clean and well maintained. Safety latches had been fitted to windows in line with current guidance.

We recommend the provider consider current guidance on supporting people with orientation in the home and act to update their practice accordingly.

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 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. We found that they were.

● People were being supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and care plans were signed to consent to care. Where required independent mental capacity assessors (IMCA) were used to support people in making decisions about their care.
● Staff had received training in MCA and had a good understanding of the principles. Staff always carried printed cards with them, this detailed a list of the principles of the MCA to support their practice. One staff member told us, "We have had training. Never assume somebody doesn't have capacity, always ask them what they want."
● Some people were being supported under a DoLS, the manager had managed this appropriately. There was evidence of individualised assessments to support what decisions people could and couldn't make for themselves. Where decisions needed to be made in a person's best interest, meetings had been held with the person, professionals, family members, and staff.

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 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

● People had developed good relationships with the staff team and staff knew people well. We observed shared smiles and laughter, staff demonstrated kindness and were patient with people. We observed a member of staff hold a door open for a person and wait for them to pass through in their own time. The staff member used this opportunity to ask the person how they were and what plans they had for the day. A relative said, "I can't fault them, been to a few different care homes recently, this is the best one. Staff are all really helpful."

● Peoples culture, religion and characteristics were considered and planned into care. For example, some people spoke different languages, the manager arranged rota's so that a member of staff that spoke a person's language was available to them wherever possible.

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

● People and their relatives or representatives had been involved in developing their care plans and were encouraged to make decisions around how they would like their care to be delivered. One relative told us their relative had had a review meeting that week and the staff kept them up to date with changes and discussed care plans with them. The relative said, "I trust their [staff] judgement."

● Staff supported and respected choice. People got up when they wanted to, chose what they preferred to eat and drink and what leisure activities they wished to take part in. For example, we observed a staff member offering a choice of drinks to a person and waiting patiently for them to decide, they then asked the person which room they would like to take their drink into and supported them with their choice.

● People were invited to regular residents' meetings where they were encouraged to share ideas for activities, meal planning and changes in the service.

Respecting and promoting people's privacy, dignity and independence

● People were treated with dignity and respect. We alerted a staff member to a person who required assistance, they immediately went to find a staff member of the persons preferred gender to help them.

● People's privacy was respected, staff knocked, waited and sought consent before entering people's rooms. We saw that private time with family members was protected by closing room doors and not disturbing them.

● Staff promoted independence. One person was being supported in the laundry room with folding and sorting their own washing. We saw some people were using high sided plates at meal times to encourage them to eat independently.

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 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

- Care and support plans were written with the person at the centre of their care. They covered choice and desired outcomes, religion, culture, eating, drinking, communication and health. They included details that were important to the person such as how many sugars they took in drinks or what activities and interests they had.
- People had an individualised "my life story book", this gave good insight into the person's life history including, work history, important relationships and their personality prior to their health condition. One person's my life story book stated they had enjoyed listening to classical music, we observed this to be playing in the background in the persons room.

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.

- Peoples communication needs were planned into their care, details included any hearing difficulties and how to ask questions. One person's communication assessment included encouraging to use facial expressions as a way of communicating. We discussed with the manager the use of other methods and aids to support people to communicate. The manager had access to internal resources with the provider and agreed to explore this area further.
- Care plans and records could be made available to people in other formats such as easy read or large print where required.

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

- People were supported in maintaining important relationships. Visitors were welcomed, we saw people and their relatives enjoying meals together and spending time in the communal areas as well as spending time in private in their own rooms. Staff knew visitors well and there was a friendly relaxed atmosphere.
- The service had a newly appointed activities coordinator who was already making a positive impact for people. They had taken time to study peoples records and had a good understanding of people's needs. Records showed group activities were planned but there was flexibility for people to choose what they wanted. One to one activity tailored to the individual was taking place regularly. The activities coordinator told us, "Sometimes you just can't follow the schedule you have to improvise and see what the mood is."

Improving care quality in response to complaints or concerns

● There was a complaints policy and procedure in place which people and staff had access to. We saw that when a complaint had been made it had been responded to appropriately in line with the providers policy.

End of life care and support

● Staff had received training in supporting people at the end of their life. Peoples choices and preferences had been assessed and planned into care. Support that family members may need had also been considered and included in care planning.

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 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

- The manager was creating and promoting a positive culture. They were focused on providing good quality person centred care with positive outcomes for people. They had several plans in place to improve the service and wanted people and staff to be involved in the journey. For example. They wanted to make better use of outside space for people to enjoy by creating a garden area. Work on this had already started with people and staff working together to create a vegetable garden. This had led to a gardening group forming that would be led by people using the service and utilize their skills. One person told us, "[It is] nice to be outside."

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

- In discussions with the manager they demonstrated a good understanding of their responsibility to be open and honest with people.
- Staff understood the whistleblowing procedure and how to raise concerns with the local authority and care quality commission (CQC).

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

- Regular record and systems check's took place to monitor the quality of the service.
- The service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

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

- The service was an active part of the local community. They were part of an initiative to support homeless people by providing and distributing meals once a month that had been prepared by staff and people, these were distributed across the community.
- The newly introduced flash meetings had been popular with staff who told us they felt communication had improved. This was echoed by a professional who told us there had been an improvement in communication. They said, "Messages seem to be being passed on appropriately."
- Regular surveys were distributed to people and staff to monitor quality. A recent staff survey had showed high levels of satisfaction, a survey for people was due to go out.

Continuous learning and improving care

● The manager was proactive in their own learning and development and the development of the service and its staff. They had sought advice and guidance from reputable sources to learn and improve care. The manager explained a new initiative they had joined, they said, "When someone goes to hospital we will prepare a "red bag" including meds, other essential personal items, also details of care plans this, will support people on hospital admission."

Working in partnership with others

● People and their family or representatives were treated as equal partners in the development of person-centred care plans. The manager had worked in partnership with other professionals such as GP's, commissioners and social workers to support people.

● The manager was a member of a local provider forum which met regularly to share ideas and good practice.