

# London Borough of Waltham Forest

## Mapleton Road

### Inspection report

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Date of inspection visit:  
27 January 2021

Date of publication:  
13 April 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Mapleton Road is a residential care home providing accommodation and personal care to 13 people aged 65 and over at the time of the inspection. The service can support up to 24 people, mainly elderly people with dementia. Mapleton road is purpose-built accommodation operating across two units.

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

We found the environment clean and infection control procedures in place. However, infection prevention and control (IPC) practices were not always followed by staff in relation to wearing personal protective equipment (PPE). Staff knew how to manage risks posed by people, however, risk assessments were not always reviewed and did not identify the risk.

People were safe because staff knew what action to take should they suspect or witness any kind of abuse. Relatives felt people were safe and staff knew how to care for people.

Systems were in place for reporting and recording incidents and accidents and dealing with complaints. Regular audits were carried out by the service, however, improvements were required to ensure all care records were accurate and up to date.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 August 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, however the service remains rated requires improvement.

### Why we inspected

We undertook this focused inspection to follow up on breaches of legal requirements in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained rated requires improvement. We found improvements were needed in relation to IPC practice, risk management and quality assurance. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mapleton Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Mapleton Road

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by an inspector and an Expert by Experience who made telephone calls to relatives. 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

Mapleton Road 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

We gave the service two hours' notice of the inspection. This was because we needed information and to carry out a risk assessment in relation to the coronavirus pandemic to ensure the safety of the inspector and staff.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, two senior care workers, a care worker, domestic worker and the chef.

We reviewed a range of records. This included one person's care records and medication administration records (MAR) for four people. A variety of records relating to the management of the service, including personal protective equipment and incidents and accident records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at other information related to the running of the service, including policies and procedures. We reviewed care records, including risk assessments for two people and spoke with three care workers for their feedback.



# 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. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection staffing levels were not always sufficient to meet people's individual needs. Some people waited approximately 45 minutes for breakfast, staff appeared rushed during busier times and dependency levels were not recorded. We were not assured that there were sufficient numbers of staff to support people to stay safe and meet their needs. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection the service had introduced a dependency tool and increased staffing levels across the two units.
- Most staff told us there were currently enough staff on duty to meet people's needs and they did not feel rushed. A staff member told us, "I have to say I feel we are very lucky, normally when full you have three care staff to 12 people, still three although not at full capacity. I think it is enough to meet people's needs." Another staff member told us although they worked well as a team, they would benefit from an additional staff member at night.
- Staff told us they did not feel rushed, comments included, "We have enough time to do everything, we have enough time to do activities with them and get them up. Never feel rushed," and "No, not rushed, some jobs take longer than others, we all work as a team."
- Staff recruitment records demonstrated the provider carried out robust pre-employment checks including obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used the service.

### Using medicines safely

At our last inspection we made we recommended the provider considered current guidance on safe medicine management and acts to update their practice. At this inspection we found the provider had made improvements.

- Processes were in place to ensure medicines were appropriately stored, administered and recorded. Medicine administration records (MAR) were accurately completed and contained no gaps.
- Protocols were in place to provide guidance to staff on how and when to administer PRN (as and when

required) medicines, such as paracetamol for pain relief. Where PRN for controlled drugs were prescribed this was clearly documented in a control drugs register, and dates of opening recorded to ensure this didn't exceed the expiry date. Each person had a PRN plan which clearly documented how and when this should be administered.

#### Assessing risk, safety monitoring and management

- Risks to people covered areas such as, risk of falls, using the hoist and medicines. We found one person's medicine risk assessment had not been reviewed since December 2019 and risks posed were not clearly documented. For example, in the patterns/triggers it stated, "[person] takes prescribed medication for treatment." This did not provide details of triggers of what staff should look for in terms of specific medicines prescribed or how this relates to the risks identified. The registered manager told us risks assessments were reviewed every 12 months, or sooner if any changes. Whilst staff understood people's risks, records were not always accurate or up to date. We have addressed this in the well-led section of the report.
- Staff understood the risks posed to people and how to manage these. For example a staff member told us when using a hoist to provide personal care, "We make sure the battery is working so [person doesn't get] stuck, check the sling is the right one and the one that has been assessed for."
- Each person had a person-centred fire risk assessment, which outlined their individual needs in the event of a fire. Due to Covid19 restrictions the service evacuation procedures had been reviewed to ensure social distancing guidelines were followed. The registered manager told us they had yet to update the service fire risk assessment to reflect these changes.
- The changes to the fire evacuation procedure had been discussed with staff and noted at a management meeting in November 2020 following training and advice from the London Fire Brigade.

#### Preventing and controlling infection

- The environment was clean, tidy and a cleaning schedule was in place for high contact areas, such as door handles and kitchen appliances used daily. We observed domestic staff employed by the service cleaning various areas. This helped to reduce the spread of infection.
- We were assured the provider was meeting various infection prevention and control measures including preventing visitors from catching and spreading infections, accessing testing for people using the service and staff, promoting safety through the layout and hygiene practices of the premises, shielding and social distancing rules, admitting people safely to the service, making sure infection outbreaks can be effectively prevented or managed, having an up to date infection control and COVID-19 management policy.
- However, we were not always assured staff were using PPE effectively and safely. Staff did not always follow government guidance in the safe use of PPE. During our visit, we observed a staff member wearing a face mask incorrectly and another staff member who walked through the communal area without wearing a mask. This may have put people and other staff at an increased risk of catching the coronavirus infection. There had been a recent Covid-19 outbreak at the service, therefore this put people and staff at risk of harm.
- Following our inspection, the registered manager told us staff had received training and were aware of what is required of them in relation to wearing PPE. They had addressed this directly with the staff members concerned.
- Records also showed PPE was discussed at management and staff meetings, reminding staff to use PPE at all times. Staff were individually provided with a laminated card on 'coronavirus in care homes,' produced by the local authority, this provided a reminder to staff on wearing and disposal of PPE, when interacting with people living at the home. Despite this information, staff were observed not following good IPC practice in relation to wearing masks.

#### Learning lessons when things go wrong



- Systems were in place for recording and reporting incidents and accidents.
- Staff knew how the procedures for reporting and recording incidents and accidents and said they discussed these at handover meetings. A staff member told us, "At handover they tell us everything so any incidents we are told. We look in the diary, so we don't miss anything." Another staff member said, "We have a handover, everything is discussed there, we write it down in our books."
- The registered manager told us any learning from incidents were discussed during handover or at team meetings. However, evidence of learning and monitoring activity were not always recorded.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and systems and process supported this. Staff knew the actions to take to minimise the risk of abuse or harm and the signs of abuse people may suffer.
- Relatives told us they felt the service was safe. A relative told us "[Person] is alright and safe, [person] has good care... [Staff] keeps [person] clean, well fed and give [person] his medication. [Staff] do a great job."
- Staff knew about the whistleblowing policy and understood their responsibilities in reporting any instance of abuse. This included reporting their concerns to external authorities if they thought the actions taken by the provider was insufficient, namely the safeguarding authority, police or the Care Quality Commission [CQC].
- A staff member told us they would, "Speak to seniors first, if nothing happening speak to the manager. If still not happy I will send a note to CQC or to care coordinator." Another staff member said, "I don't have a problem with reporting, act on it [abuse] straight away. You can go to the town hall, [registered managers boss], I could come to you [CQC], I've got your number, email anyone at your office..."
- The registered manager told us, where concerns were raised, they worked closely with the safeguarding team to investigate allegations of abuse. This showed people were protected from the risk of abuse because staff knew what action to take to ensure people were safe.
- Some staff told us, and records showed they had not always completed their yearly safeguarding refresher training. The registered manager told us refresher training was planned for 2021, which was also confirmed by staff.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.  
Improving care quality in response to complaints or concerns

- We wanted to check how the service dealt with complaints made about the service. During this inspection we found systems were in place for dealing with complaints, including policies and procedures. However, this required amending, as this stated people could raise any complaints with CQC, this is incorrect as the CQC does not investigate individual complaints.
- Complaints about the service were dealt with centrally by the local authority complaints team.
- We observed the complaints procedure displayed on a notice board in the communal hallway. This was confirmed by a staff member who told us people were encouraged to make complaints if not happy with the service.
- Following our inspection, we asked the registered manager about complaints received in the last six months and the outcome of these. They told us since April 2020 there had been one informal complaint received. This is currently in progress and was being dealt with by the head of service. An outcome had yet to be reached.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure quality assurance processes were in place in all areas of the service, which meant they were unable to demonstrate effective management oversight. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were required to ensure good practice around IPC was followed and risk assessments were accurate and up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits covered various areas of service, including medicine, health and safety and infection control. More work was required to the provider's quality assurance systems to identify shortfalls relating to risk assessments including whether they were accurate and up to date. The provider needed to make changes to the way they monitored PPE use to ensure staff used PPE safely.
- Since our last inspection, the registered manager introduced a monthly analysis of incidents/accidents for each person where incidents had occurred. These did not document the actions taken by staff following an incident or detail whether there had been any learning points. Therefore, we could not evidence how learning took place following an incident. We informed the registered manager about this and they said they would include this as part of their recording in future.
- The improvement plan produced following our last inspection had been fully completed.
- The registered manager told us, they had faced a lot of challenges due to the Covid-19 pandemic, priority was given to ensuring people at the service were safe.

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

- Relatives spoke positively about management at the service. Comments from relatives included, "The managers call all the time to keep me up to date and have a chat. They are ever so good. I know my [relative] is happy in their care," and "[Name given] is the registered manager and anything I ask for she will help...I am generally happy but I can't give a full verdict as I've never been to the home, so my feedback is given cautiously,"
- The registered manager had an open-door policy whereby people and staff were able to come and talk to

them. We observed this during this inspection.

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 their responsibilities in reporting to relevant people and authorities when things went wrong.

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

- People and relatives were asked their views about the service. The registered manager sent us analysis of feedback from people who used the service, conducted by them last year. We also noted positive feedback sent by relatives thanking the registered manager and staff for their kindness and care provided to their loved ones during these difficult times. This showed people were happy with the care provided by staff.
- The registered manager told us the local authority quality team obtained feedback from relatives about Covid-19 and engagement, this had yet to be analysed.
- The service produced a newsletter every two months, the latest produced in December 2020. This provided information related to Covid-19.
- Staff felt the service was well-led and felt supported by the registered manager. They felt confident to approach them knowing they would be listened to. A staff member told us, "The registered manager has regular one to ones with us to discuss any personal things. She is very observant, she asks when we are quiet and asks how we are and our families. She is very good and involved with the clients, gets involved with activities and talks and play cards with them." Another staff member commented, "I can approach [registered manager], if I feel I want to say something, she listens. If busy she will say can you come back, and she would always do this."

Working in partnership with others

- The service worked in partnership with health professionals to meet people's needs.
- The local authority quality team told us they had no concerns about the service. The management were responsive.