Anchor Trust

Maple Tree Court

Inspection report

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Kidsgrove
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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Maple Tree Court on 27 July 2016 and was unannounced. Maple Tree Court provides personal care for up to 64 people, some of whom may be living with dementia. At the time of this inspection 41 people used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staff understood how to support people to make decisions and when they were unable to do this, support was given; however, the provider did not consistently follow the principles of the Mental Capacity Act 2005 (MCA).

There were systems in place to monitor quality of the service; however some of these were not always effective in identifying issues where required.

There were sufficient staff to people's needs. We saw that people's needs were responded to promptly. Staff had undergone pre-employment checks to ensure they were suitable to work with the people who used the service.

People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

People felt safe and staff knew how to protect people from avoidable harm and abuse. Medicines were safely managed, stored and administered to ensure that people got their medicines as prescribed.

Staff were suitably trained to meet people's needs and were supported and supervised in order to effectively deliver care to people.

People knew how to complain and complaints were dealt with in line with the provider's procedure. People and their relatives were encouraged to give feedback on the care provided. The registered manager and provider responded to feedback and changes were made to improve the quality of the service provided.

People told us they enjoyed the food and drink and had enough to maintain a healthy diet. People had choices about their food and drinks, and were provided with support when it was required to ensure their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals when they needed them. People told us that staff arranged access to healthcare professionals such as the GP promptly

when required.

There was a homely atmosphere at the service and people felt the manager was approachable and supportive.

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

People felt safe and staff and the manager knew how to protect people from avoidable harm and abuse.
People's medicines were managed, administered and stored safely.
People's risks were assessed and managed to keep them safe from harm.
There were sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective

People's mental capacity to make their own decisions had not consistently been assessed which meant the service could not be sure they were acting in accordance with the MCA.
People had support to eat and drink sufficiently to maintain a healthy diet.
Access to healthcare professionals was arranged when needed.
Staff had the knowledge and skills to support people effectively.

Is the service caring?

Good

The service was caring

People and their relatives told us the staff were kind and considerate. We saw staff were patient when they supported people with their care needs.
People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive

People received care that met their individual needs and preferences from staff who knew them well.
People knew how to complain and complaints were dealt with in line with the provider's complaints procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Quality monitoring systems were in place but they were not always effective in identifying issues.
People, relatives and staff had confidence in the registered manager and felt they were approachable and responsive.
There was a homely atmosphere in the service.

Care Quality Commission

Maple Tree Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 July 2016 and was unannounced and was undertaken by two inspectors.

We looked at the information we held about the service. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We spoke with eight people who used the service; they were able to tell us their experiences with the service. We spoke with two relatives of people who used the service to gain feedback about the quality of care. We spoke with the registered manager, the deputy manager and three care staff. We looked at four people's care records, staff rotas, four staff recruitment files, medicine administration records (MARS) and the systems that the provider had in place to monitor the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "Yes, I always feel safe as they [staff] always take their time with you and don't rush you to do things even if they are busy". Another person said, "Oh yes, I feel safe with the girls; they know what they are doing". We found that all the staff we spoke with knew what constituted abuse and had a good understanding of how to keep people safe and their responsibilities for reporting incidents, accidents or concerns. Staff told us they would report incidents to the manager, and were confident that the manager would act on any concerns raised. One staff member said, "I would report any concerns to the manager, it's our job to keep people safe, and the manager would definitely do something about any issues raised". The registered manager was able to show us that where incidents had occurred referrals had been made to the local authority and plans had been put in place to try to prevent further occurrences.

We saw people's risks were assessed and we saw that people had the equipment they needed to keep them safe, such as walking frames and pressure relieving cushions to prevent damage to people's skin whilst sitting. We saw staff ensured that this equipment was in place at all times whenever people moved around different areas of the home. For example, we saw one staff member reminding a person not to forget their pressure cushion when they were moving from one area of the lounge into another, and saw another staff member ensuring a person had their pressure relieving boots in place after they had sat in the lounge after breakfast. This meant the person was receiving care in line with their care plan, and staff had up to date guidance to follow to protect people from the risk of harm. We saw that where a person had recently fallen, the registered manager had sought advice from a falls advisor who had given advice about equipment that should be used, and we saw that this stated in the persons records and was in place in the person's room. This meant that risks to people were being recognised, assessed and minimised.

People told us and we observed that there were enough staff available to meet people's needs. One person told us, "They do ever such a lot for us here, nothing is too much trouble, I just ring my buzzer and they'll come and see what I need help with". A relative said, "The staff are great, they're always available to help, [relative] never has to wait long for them". A staff member said, "There's enough staff, it's easier when there's more of us but we work well together and people always get the care they need". Another staff member said, "We could always do with more staff to spend time with residents but we get it all done". The registered manager told us and we saw they completed a dependency tool and this helped them to review the staffing levels based on the needs of the people who used the service at that time. They told us that an increase in staffing levels had already been discussed due to new people potentially moving in.

Staff told us and we saw that safe recruitment practices were followed. This included appropriate references, records of interview and Disclosure and Barring Service (DBS) checks to make sure that staff were safe and suitable to work at the home. This meant that the provider checked staff's suitability to deliver personal care before they started work.

Medicines were managed safely so that people received them when they needed them. We also saw that people were regularly offered 'as required' pain relief medication as prescribed by the GP, and saw protocols

in place to help staff to know when to administer these medications. One person we spoke with said, "Staff always ask me if I'm in any pain, and if I am they bring me my pills". We saw that medicines were stored in locked treatment trolleys in locked treatment rooms.

We observed that people were offered and administered their medicines in a safe and person centred way. For example, we saw one staff member ask a person, "Do you want your inhaler, just let me know if you get out of breath and I'll bring it to you". At breakfast time we saw that a staff member gave a person their medicines by putting them in their hand so that they could take them with their juice. This corresponded with the information recorded in the person's care plan. Staff we spoke with were knowledgeable about the medicines people were prescribed. One staff member told us some people had their medicines early so that their breakfast didn't reduce the effectiveness of the medicine.

When people were prescribed topical creams, we saw that records were kept by care staff who applied the creams. We found two instances where these had not been completed correctly. We spoke to the registered manager who was already aware of the issues and was in the process of addressing this.

Requires Improvement

Is the service effective?

Our findings

We saw that some people who were able to consent had signed their care plan to agree and consent to their care and treatment. However we found that the service did not always act in accordance with the Mental Capacity Act 2005 (MCA) when people were unable to consent to their own care. The 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 MCA 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 told us that staff asked their consent before they supported them. One person said, "They always ask me if I need any help, they don't just do things for you". We saw that staff asked people if they needed support, they waited patiently for an answer and if needed changed the way they asked people to help them better understand. We saw some good examples of where the MCA was being followed, for example where best interest decisions had been made in consultation with the person's family and GP around decisions for end of life care and covert medicines. However, other people had capacity assessments where dementia was given as the decision for their lack of capacity without a suitable assessment being carried out. Some people had incomplete capacity assessments on their files that had not been signed or dated to evidence when these had been carried out. This meant that the provider had not evidenced that people's rights had been respected.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had requested DoLS authorisations for the majority of the people at the home; however as some of these people had not had effective capacity assessments the registered manager could not be sure that DoLS authorisations were applicable. This meant the principles of the MCA were not always followed which meant people were at risk of having their liberty restricted and other less restrictive options had not been considered.

We saw that some records for people had not been maintained correctly around weight management or pressure sore monitoring. For example, a person's weight had not been recorded correctly as a recording tool used for assessing pressure sore risk did not reflect the current level of need which meant people could receive incorrect care. We discussed the issues with the area manager who told us they had already identified MCA and DoLS, and health recording as an area for improvement.

We discussed capacity and consent with staff members and they told us, "Sometimes you have to explain things to people in different ways to give them choices and find out what they want. It's about getting to know people and how they like things doing, and always asking first if they need your help so you're not doing things for them when they don't want you to", and "I ask people how they want their care, if someone doesn't want something doing then I don't do it".

Staff told us they had the training they needed when they started working at the home, and were supported

to refresh their training. Comments included: "I did a month of shadowing and induction, and I feel confident now" and "I've been on lots of training and it's brilliant as it helps you feel confident when supporting the residents.
Staff told us they had regular supervisions where they were able to discuss any training needs or concerns they had. One member of staff told us, "We discuss how I'm doing, any problems I might be having and any training I might need, and the manager gives me feedback about how I'm doing". This meant staff were supported to carry out their roles effectively and were encouraged to improve their practice.

People we spoke with told us they enjoyed the food, and told us there was plenty of choice. One person said, "The food is very nice here, we get lots to choose from at mealtimes and I can have a biscuit with my tea whenever I want to. If I decided I want a lie in one day, I could still come and have a full breakfast if I wanted to". We saw that staff were patient with people at mealtimes and involved people in decisions about their food and drink. For example, we saw a staff member asked a person what they wanted for breakfast but they said they couldn't remember what porridge was. The staff member got a bowl with a small amount in and gave it to the person for them to try to help them remember. We saw a staff member offered to put a little jam on a small piece of toast for one person as they couldn't remember if they'd had it before or liked it. We also saw that staff assisted people that needed support to eat and drink, and saw people had their prescribed food supplements when they required them.

We saw that people had access to healthcare when they needed it, with visits from the GP and other health professionals recorded in their care plans. One person told us, "Yes, I've only got to mention I'm not feeling well and they ask if I want to see the doctor". This meant that people were receiving the appropriate heath care when they needed it and in a timely manner.

Good

Is the service caring?

Our findings

People told us and we saw that staff treated them with kindness and compassion. People's comments included, "It's good here, the staff are really friendly", and "I'm happy here, the staff are nice and they care for us, they really do". Staff we spoke with were positive about their role and they told us they enjoyed providing a caring service to people. One staff member said, "I love working here, I like seeing the residents happy and knowing we are looking after them".

We saw staff were caring towards people. For example, a staff member noticed that a person rubbed their arms as if they were cold. The staff member asked them if they would like a cardigan, asked them which one they wanted and returned from their room with it and supported the person to put it on. This meant that staff show concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly.

Throughout the inspection we saw the people were laughing and joking with each other and we observed that staff knew people well. There was a friendly and homely atmosphere. A relative said, "The staff are good, they're getting to know [relative] really well and will come and sit to talk about his life and the hobbies he used to enjoy", and "They really do give good care here, it's a hard job they have, but nothing ever seems too much trouble for them"

We saw that people were involved in choices and decisions about their care. We observed that people were offered choices regarding what to eat, where to sit and how to spend their time. One person told us, "I can do what I like really, I can choose where I sit at mealtimes and who I sit with in the lounge, you're always asked, and it's never a problem".
Staff told us they knew how to give support to people to make their own choices. One staff member said, "I always help people to make their own choices, it's about getting to know them. Sometimes it's saying things slower or showing them something to help them to choose, it's about what works best for them ".

People told us and we saw that their dignity and independence was respected and promoted. One person told us, "When they help me to get ready, they try to keep me covered up as best they can, and we have laugh and joke and then it doesn't feel awkward". We observed two staff members supported a person to get up from a chair to use their walking frame. We heard one staff member said, "We've got you, don't worry, okay, sit back down and we'll try again when you're ready". We saw staff members discreetly asked people if they needed to use the bathroom when they became aware of signs that the person may need this. We saw a staff member gently asked a person who had started to fall asleep to wake up due to them sliding down their chair and their skirt had risen above the knee. A staff member said, "We always respect people's dignity, it's about treating people the same way as you'd like to be treated we make sure we meet their needs in the way that they want".

We saw that people's relatives were free to visit; a relative told us, "We looked at other places, but this seemed more homely. We're made to feel welcome, they are very accommodating and when we visit we can make our own drinks, which seem a little thing, but does make the visit feel more natural".

Good

Is the service responsive?

Our findings

People and their relatives were involved in the planning and review of their care. One relative said, "I was asked to be involved in the paperwork before [relative] moved in and we have been invited to reviews." We saw that where able, some people had signed their own care plans, and people told us they had done this. This meant people were involved in their care.

Staff told us, and records showed that one person could sometimes be resistive to support with their personal hygiene, spend a lot of time alone and was at risk of becoming isolated. Staff told us different techniques they used to encourage the person to receive personal care, and we saw staff encouraged the person to join in with activities. We also saw staff spent time chatting with the person when they were not in a communal area. We saw that the care plan for this person corresponded with the actions by the staff. This meant that staff were they responsive to the person's care needs.

People told us how they liked to spend their time. One person said, "I'm happy to watch TV and read, but we do play bingo and play your cards right", and "We had a lovely guitar player come to us, not long ago we had afternoon tea in the tea room, which was lovely". During the inspection we saw staff members reading the newspaper with people, and also saw staff sitting with a group of people talking about articles in a magazine that had them all laughing. A relative told us, "When I come to visit it's nice to see that the staff just sit and talk to them (people who used the service) as sometimes all they want is a chat".

People and relatives told us they knew how to complain if they needed to and they would feel able to do this if required. One person told us, "I can't grumble about anything really, there's never been anything I've needed to complain about, and if I did I know I could tell the girls and they'd make sure it got sorted for me, they're really nice like that". Another person said, "I've never had any problems here, I'd tell the manager if I did". A relative told us there had been a few minor issues with their relative's room. They stated that they had spoken to the registered manager about this and the issues were quickly rectified. We saw that there was a complaints procedure in place and we saw that one complaint had been received and had been dealt with by the registered manager and provider in line with the provider's own policy.
Records showed that residents meetings were held monthly and that feedback was encouraged and responded to. Relatives were invited to these meetings and we saw that a relative and the people who used the service had asked if a juice machine could be provided on the first floor. We saw that the registered manager had arranged for this to be put in place and we saw people using it. People told us that they had talked about places to go on day trips during the meetings, one person told us, "Some of us wanted to go to the beach for the day, so we asked for this in our meeting and some of us are going to Llandudno tomorrow". We saw that requests from residents meetings and other feedback was displayed on the walls in a 'What was asked, what we did' display. This meant that the views of people and their relatives were taken into account.

Requires Improvement

Is the service well-led?

Our findings

Quality monitoring and auditing systems were in place, and included medication and safeguarding audits. However they were not always effective to monitor and improve the quality and safety of the services provided. For example, we saw that care plan reviews were completed but they had not been effective as recording issues were identified during our inspection. We saw sections of care plans had not been completed fully around people's mental capacity and weight management and pressure area management records had been completed incorrectly. This meant that some care plans did not contain up to date information or did not detail the specific support that people required, and meant the systems in place were not always effective. We discussed this with the area manager who told us they had identified this as an area for improvement during a recent audit and had delivered some training around this the day before inspection. The registered manager told us that along with the staff they were in the process of updating all of the paperwork in the care files to ensure records reflected care being provided.

Systems were in place to seek people's views and experiences of the home. Resident's meetings were held where people and their relatives had the opportunity to discuss a variety of issues .We saw that actions had been taken by the registered manager when issues had been raised or suggestions had been made. For example, feedback was received that people would like more planned activities in the home and we saw that external entertainers now came in to the home more often. This meant the views of people and their relatives were listened to.

People and relatives had confidence in the registered manager. One person said, "The manager is always popping in to say hello and asking if we are okay, she's very nice". A relative told us, "The manager is very approachable; she is always telling us that her door is always open if we need to talk to her about anything".

We saw that the registered manager spent time chatting to people about things they liked. We observed that their office door was open and saw staff regularly visited the office for advice and support.

We spoke with staff who said they felt supported by the registered manager. We observed a friendly open atmosphere and staff told us they enjoyed their work. One staff member said, "This is a good home, I think we get good support from the manager, you can talk to her anytime if something is bothering you and she'll sort it". Staff knew about and understood whistleblowing procedures and said they would feel confident to use these procedures if required.

The registered manager understood their responsibilities of registration and we were notified of significant events in line with registration requirements