London Borough of Waltham Forest

Mapleton Road

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

Mapleton Road is a care home without nursing that provides care for up to 24 people with dementia. At the time of our inspection the service was providing care for 23 people.

We previously inspected Mapleton Road in January 2014 and at the time of the inspection we found the service to be meeting all standards except that they did not have sufficient quality assurance practices in place. Upon our inspection in November 2016, we found that the service was carrying out robust quality assurance practices.

The service had a registered manager in post. 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.

The service was safe and people using the service communicated this to us. Staff demonstrated their knowledge of safeguarding adults and what action to take if they had any concerns. The service reported any accidents and incidents as well as safeguarding's to the relevant local authority and to the Care Quality Commission (CQC).

The service had risk assessments in place and people using the service were protected from harm where risks were identified. Risk assessments contained clear mitigation plans and were updated on a monthly basis.

Staffing levels were efficient in meeting the level of need at the service and staff told us that any absences were always covered. Staff were recruited safely and in line with the relevant checks.

People's medicines were managed, stored and administered safely and audits were completed to ensure consistency.

The service was effective and we saw that people received care based on best practice from staff who had the knowledge and skills through training and supervision to carry out their roles and responsibilities. Staff told us they were supported in their roles and that they received regular training.

Consent to care and treatment was sought and we saw examples of this in people's care plans and in practice. Staff demonstrated a sound understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the registered manager had notified CQC of DoLS authorisations.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed the food and that it was varied. Dietary needs were adhered to and monitored where relevant and the cook had good understanding of people's dietary requirements and preferences.

People were supported to maintain good health and have access to on-going healthcare support. Referrals to healthcare professionals were prompt and records of people's health needs were documented.

The service was caring and we observed positive caring relationships with staff and people using the service. People told us they were happy with their care. People were supported to express their views and be involved in making decisions about their care, treatment and support. People were given choice and independence was promoted. People's privacy and dignity was respected.

The service was responsive and care planning was detailed. People's preferences, wishes and aspirations were identified and people were supported to follow their interests. Care plans were reviewed on a monthly basis and changes were recorded accordingly.

Concerns and complaints were encouraged and responded to and people knew how to complain and share their experiences. People using the services were encouraged to provide feedback, as were professionals. Compliments were received in abundance and displayed on a notice board.

The service was well led and management promoted a positive culture that was open and transparent. The service demonstrated good visible leadership and the registered manager understood their responsibilities. Quality assurance practices were robust and records and data were collected and used to strive for improvements at the service.

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 who used the service told us they felt safe.

Care staff demonstrated their knowledge on raising any concerns and how to deal with emergencies.

Accidents and incidents were recorded and reported accordingly.

Staffing numbers were meeting the needs of the people who used the service and absences were covered promptly. The service had safe staff recruitment procedures in place.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective. People who used the service received care based on best practice from care staff who received relevant training.

Care staff were supported with one to one supervision sessions.

Consent to treatment was sought in line with legislation.

People were supported to have sufficient to eat and drink.

People were supported to maintain good health and have access to healthcare services.

Is the service caring?

Good

The service was caring. People who used the service and relatives told us that positive relationships were developed between them.

The service supported people to express their views and people felt involved in their care.

People were supported to maintain their independence.

People's dignity and privacy was respected and promoted.

Is the service responsive?

Good

The service was responsive. People received personalised care that was relevant to their needs.

People were supported to follow their interests.

Care plans were reviewed monthly.

Concerns and complaints were encouraged and responded to.

Is the service well-led?

Good

The service was well led. The registered manager promoted a transparent culture and staff told us they felt supported.

The registered manager understood their responsibilities .

Quality assurance practices were thorough.

Mapleton Road

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 is 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.

The inspection took place on 16 and 17 November 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people who used the service, the registered manager, cook, maintenance person, six care workers, one senior care worker and three relatives. We looked at six people's care plans and daily records, five staff files including supervision sessions and team meetings as well as various policies and procedures and quality assurance practices.

Good

Is the service safe?

Our findings

People told us the service was safe. A relative of a person who used the service told us, "She is very safe." Another relative told us, "Yes, [relative] is safe." A person who used the service said, "It's safe, I like it here."

Staff told us they had attended training courses in safeguarding and were able to identify different types of abuse and they were aware of their responsibility to report any allegations of abuse. We saw that policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. A care worker explained, "I am aware of the whistleblowing process, I feel protected and I can access the process online." Another care worker told us, "Safeguarding is the protection of adults from harm and abuse. If I suspected anything I'd have a duty of care to report it. I know the different types of abuse, for example physical, emotional and even institutional. Any concerns I have would need to be written down and recorded." A third care worker told us, "If I had any safeguarding or whistleblowing concerns I would report it straight away. If I had concerns about the manager, I would go higher, for example CQC." This meant that the care staff were knowledgeable about abuse and would know how to raise an alert.

The registered manager told us about their risk assessment process and stated, "We go and assess the service user before they come to us. That gives us the information we need to know on whether we can meet their needs. Once the service user comes here, we do another risk assessment and we look at the individual holistically and at all of the risk factors." The service had thorough risk assessments in place and we saw records of these. One person was assessed as at a "Medium" risk of shortness of breath whilst mobilising and their risk assessment stated, "Plan journey in advance, allow time for short breaks, make the journey interesting, for example by stopping for a drink." This meant that minimising the risk was addressed in a personalised way. Another person who was at risk of hallucinations had a risk assessment in place that stated, "There may be visual changes due to dementia and [person] may not recognise objects. Staff to speak in a low voice and calm manner to reassure [person] when they get confused." This meant that risks were explored by looking at triggers and ways to minimise the risk from occurring. Risk assessments were reviewed monthly and records confirmed this. The registered manager told us, "We do monthly reviews to look at any changes or more frequently if required."

People also had risk assessments in place relating to their medicines where necessary. For example, one person was prescribed an anticoagulant medicine called Warfarin. Anticoagulants are medicines that help prevent blood clots. We looked at the risk assessment for the person in receipt of this medicine which stated, "Staff to administer Warfarin at the same time every day. Staff to ensure anticoagulant nurses do visit to test blood, staff to avoid knocks and scratches when attending to [person] and Warfarin booklet must be kept available at all times." We saw records to confirm the safety measures within the risk assessment were being adhered to.

Each person who used the service had a fire evacuation and risk assessment in their care plan. Care staff told us they knew what to do in an emergency situation. One care worker said, "I've had first aid training, I'd

know what to do." Another care worker told us, "In an emergency we will use the call remote, and there is an emergency option on there which will make a distinct noise to alert other staff that there is an emergency and they will come rushing in." Another care worker told us, "For example if someone was choking I would practice first aid and clear the person's airway." This meant that staff knew how to react in an emergency situation.

Accident and incident policies were in place. Procedures of how to raise alerts were clearly documented in the relevant policies. Accidents and incidents were documented and recorded and we saw instances of this.

The service had a robust staff recruitment system. All staff had references and criminal record checks were carried out. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service.

Staffing levels were suitable for the needs of residents and the registered manager told us, "There are always six staff in the morning, plus one senior carer and myself, the manager, and this is the same in the afternoon. At night there are three staff on duty and an on-call manager." A relative of a person who used the service told us, "[Care staff] always seem like they have time for people." One care worker told us, "Yes, there are enough staff." Another care worker said, "If someone is off sick, [management] do their best to find cover." A third care worker explained, "There is enough staff, even when we are short they will get agency staff and the agency staff are familiar with all of the service users." A fourth care worker told us, "When working with people who have dementia, you have to have patience and time and I feel like we have enough time."

The registered manager told us that people using the service either had a Court of Protection order in relation to their finances or Local Authority appointeeship for the management of this. The registered manager showed us the petty cash records and receipts for all transactions that they supported people with and all transactions linked correctly with the corresponding receipt. This meant the service had taken steps to reduce the risk of financial abuse occurring.

The registered manager told us about their infection control practices stating, "We do a standard clean every day and once a week we go beyond and do a deeper clean, for example domestic staff will deep clean all hard to reach areas such as behind chairs, the walls, glass etc." We saw records for the cleaning rota which showed that there was a daily cleaning schedule as well as a deep clean in each unit once a week. During our inspection a deep clean was taking place and people who used the service sat together in the lounge and took part in activities whilst the cleaning took place. The sluice was locked and we observed staff wearing gloves and aprons when cleaning. The service was free from malodour and a relative of a person who used the service told us, "It never smells in here." Another relative of a person who used the service told us, "[Relative's] room is always nice and clean."

The premises were well maintained. The service employed a handyperson who routinely completed a range of safety checks and audits such as fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

Medicines were managed and administered safely by staff trained in medicine administration. As part of our inspection we looked at medicine administration records. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Care workers told us, "Only senior carers can administer medicines, unless we have had medicines training, we will not

administer."

Controlled drugs were stored in a separate locked cupboard in line with current legislation. Controlled drugs are medicines which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and associated legislation. We checked the stocks of controlled drugs and other medicines and stock levels tallied with written records. The registered manager told us, "We ensure controlled drugs are double locked and their administration recorded in the controlled drugs register which is double signed." Records confirmed this was happening.

The registered manager told us and records showed medicines audits were carried out approximately once a week. This involved observation of staff whilst they administered medicines and recorded elements such as whether start dates were correct on Medicine Administration Records (MAR), whether the number of tablets left matched the balance expected from the MAR chart and whether refusals were recorded. Any potential side effects from the medicines administered were listed and documented if they occurred. The registered manager told us, "I sign and date each time I carry out a medicines audit and if there are any errors I tell staff they must document it and we will contact the GP, chemist or out of hours support."

Good

Is the service effective?

Our findings

New staff undertook a comprehensive induction training programme on commencing work at the service. A newly recruited care worker told us, "I had my induction and it was good. I shadowed during it and I was able to see how other carers were doing things and I also completed an induction work book." The registered manager told us, "When staff are newly recruited we do a comprehensive induction. Part of this is reading through policies and procedures." We saw records of staff inductions and they were detailed and relevant to the job role.

The service had a training matrix which detailed when staff had last undertaken training in each topic and when they were next due to have it. This showed that staff were up to date with training. Training topics included challenging behaviour, communication, mental capacity, first aid, health and safety, dementia and food hygiene. One care worker told us, "Each time we go on training we learn more and more." Another care worker told us, "We get regular training, for example we've got safeguarding training coming up again." A care worker who had recently had their safeguarding training said, "The training is excellent, each time you go you learn something new." Another care worker told us, "We've all had dementia training. It was quite interesting." An additional care worker said, "Last week I went to 'dignity in care' training, it was very good."

Records showed that all staff received monthly to six-weekly supervision with a senior carer or manager. One member of care staff told us, "Supervision is monthly and it'll be with a senior. It's good and I can talk to my senior." Another care worker told us, "Supervision is useful, we also get the opportunity to talk about anything in handover and in our team meetings." A third care worker said, "I feel supported during supervision. We talk about our workload, key-working, training needs." The registered manager told us about the support they received. They told us they had supervision from their senior and that they also attended the same training as care staff, "It helps me to know what staff have been taught and to learn."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

A care worker told us, "Mental capacity means accessing someone's capability to do something and making choices." We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. 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 were being met. At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any

restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS.

The service was meeting people's dietary requirements and nutritional needs. The registered manager told us, "The cook comes in at 8am every day. There is a cook here seven days a week. People can have a cooked breakfast every morning, there is also cereal and toast, people have the option to have what they wish." Records confirmed that these breakfast choices were offered every day. A relative of a person who used the service told us, "They have a good breakfast every morning." One person who used the service told us, "I don't like vegetables, never have done." This person's care plan was reflective of their preference and staff told us they respected the person's choice not to have vegetables. A relative of a person who used the service told us, "The food always looks very nice." A person who used the service told us, "We get to choose the menu; it's always what we fancy. We have a meeting once a month to decide what's going to be on the menu," which meant that people were part of the menu creation process. Another person who used the service told us, "The food is very good and nourishing." Another person told us, "We get a good variety of food. Different days, different food."

During our inspection we observed care staff at lunch time offering people the options on the lunch menu. Each person was individually asked what option they wanted and each person made their decision. A person who used the service told us, "The food is good here, if I don't like what they make they will make me something else." The cook told us, "If someone wants something different to what is on the menu we make it." They also told us, "We make everything here from scratch, the care staff ask people what they want and they tell me and I get to know people's preferences."

The cook had a good understanding of people's dietary requirements, for example for people who had dietary requirements linked to diabetes; there was a list of those people in the kitchen. Some people needed their food pureed and we saw that where this was the case each different element of the meal was pureed separately which meant people were able to enjoy the individual tastes and flavours. A care worker told us, "When supporting people with eating, I make sure I know about the texture they require and present their food in a dignified way." This meant that people who used the service were supported with their meals in a personalised way.

People who used the service were supported to have access to healthcare services and we saw records of people's healthcare appointments and visits which were documented in their care plans, for example one person had recent records pertaining to a chiropodist and GP visit. We saw records showing that referrals to healthcare professionals were made, for example for one person whose needs had recently changed; the appropriate referral was made and recorded. During our inspection, a health professional was visiting a person who used the service and they told us, "They made a referral to us for an assessment. They're very welcoming." Where relevant, people who used the service had records of nutritional screening tools which were completed monthly and we saw records of these. In addition, one person was cared for in bed and was turned every two hours in line with their risk assessment. This was documented and we saw records confirming this.

Good

Is the service caring?

Our findings

People told us the service was caring. A relative of a person who used the service said, "[Care staff] really care about them like it's their own family, the staff are so kind." Another relative of a person who used the service told us, "[Relative] loves it here, they're very caring and interested in her needs." A third relative advised, "The carers are very caring and the residents are well looked after." One care worker told us, "We have caring relationships with the people here, it's a friendly place and we all get on well." Another care worker told us, "We genuinely care."

Care staff told us that they promoted the independence of people who used the service. Each unit had a small kitchenette and one member of care staff told us, "If anybody wants to make their own drinks, staff will support them." Another care worker told us, "There is someone who likes to make a cup of tea independently and we support him accordingly to, for safety." A third care worker explained, "There is one person who will help me to lay the tables and I encourage her. She has anxiety and this calms her down." This meant that people who used the service were supported to maintain their independence.

On prompting people's dignity, one care worker told us, "For example with personal care, we always make sure the door is closed in the bathroom." Another care worker said, "We have to respect people's values, we talk to them with respect and they need to feel like they have control, for example we knock on their door before entering and when we are going to carry out personal care, we will close their door and tell them why and explain that it is for privacy during personal care." They also told us, "When I am carrying out personal care, if I am doing the top half of the person's body I will cover the bottom half. I'll explain to the person why and explain the purpose."

One care worker told us about how they respect when people want to have private time, "If they choose quiet time we support that." Another care worker explained, "Privacy, dignity and respect are paramount, for example if someone wants to have a chat in the 'quiet room' we will support them."

Care workers told us they involved people in their own care and making decisions. One care worker said, "I always make sure I ask people what they would like, in any scenario. For example choosing weather appropriate clothing or at meal times, it's important to give people options." Another care worker told us about the importance of having patience with people, especially those with dementia, "People can lose their memory but you can still talk to them. I give a holistic approach to the person, the person may not connect my questions to what they're thinking so you need to have patience."

The registered manager told us about one person at the service who was receiving end of life care. They told us that the person's end of life wishes were to remain at the service and records confirmed this. The registered manager explained, "If someone wishes to stay here until the end of their life we will support that, we will see them until the end." We saw records of district and palliative nurse input and records were updated accordingly. A care worker told us, "This person is cared for in bed so we go in every 10 to 15 minutes to check on them, we'll offer her a drink. She enjoys a hand massage and we will look at family photos in her room and if family visit we will reflect on that. She chose to stay here for her end of life, she

never liked hospitals so we respect that." The registered manager also told us, "When people pass away we do attend funerals and their families will still visit us, we even invite families to our parties, even after five or six years of their relative passing away they will still visit us."

People's care plans contained detail about their religious needs, for example one person's care plan stated, "Non-practicing Church of England." Another person's stated, "[Person] is a Christian. Staff to remind her when in-house Church service takes place." A care worker told us, "There are people here who are Catholic and we have the priest come in. This is always respected." This meant that people had the opportunity to practice their faith.

Good

Is the service responsive?

Our findings

Care plans were personalised and contained details for each person who used the service in an individualised manner. The registered manager explained, "We get background on people and what they like and don't like which enables us to support them." A member of care staff told us, "We read the care plan to get to know people." People's care plans contained details about their health and social needs. One person's care plan stated, "Staff may need to support [Person] to do his buttons, zip or put on his socks." People's likes and dislikes were also documented in care plans, for example, "[Person] says he likes pudding, especially bread pudding and also Guinness," as well as information about their lives which was in a section labelled, "Me and my life." This section of people's care plans contained details about their families, previous jobs, likes and dislikes. A care worker explained to us, "Person centred care involves the individual needs of people, the care is about the person."

In addition people had a "Night care plan", which detailed the person's preferences in relation their night time routine. For example, one person's stated, "[Person] likes to go to bed late and likes to have a chat with staff before going to bed." Another person's night care plan stated, "[Person] likes to have a cup of tea or hot chocolate with some toast or biscuits before going to bed. Staff to make the hot drink for [person] with one and a half teaspoons of sugar in their tea." This person's daily records of care confirmed that their preferences and choices were being adhered to, for example an entry made in the evening of 15/11/2016 stated, "[Person] had cup of tea and biscuits." In addition, we saw that daily records of care were reflective of people's preferences as detailed in their care plans, for example one entry stated, "We talked about garden stools and also the gardening programme on TV." We saw that in this person's care plan they were documented as liking gardening. This meant that the service was personalising each aspect of people's day and supporting and adhering to people's preferences.

The service operated a 'key-working' system which meant that care staff were allocated a number people who used the service for the purposes of getting to know the person and being a port of call for them. The registered manager told us, "[Key-workers] get to know the service user better and their families. This means the service user feels there's a particular person they have a relationship with and this helps family as they have a named person for the relative." One care worker told us, "We've all got 'key-clients' and we check care plans each month. If we notice anything incorrect we will tell senior staff who will change it." Another care worker told us, "I key-work two people. I think it works, I've become someone they can talk to and they can confide in me, the family recognise that as well, family will ask to speak to me." This meant that people who used the service received consistent care. Care plans were reviewed monthly and records confirmed this.

The foyer was decorated with printed photographs of activities and trips that had been organised for people who used the service and we saw that these were framed and labelled with the location and the date. For example the service had organised an outing to a local historic park and also a tea party to celebrate the Queen's 90th birthday and we saw photographs of the people who used the service enjoying the celebrations and activities. Birthday celebrations were also documented in the foyer with photographs of celebrations, for example for one person who had recently turned 100, the registered manager explained, "We recognise everyone's birthday and if it's a big one we go above and beyond, it makes individuals feel

recognised." The registered manager also told us, "The foyer is a space for people to come and sit and talk to each other and reminisce by looking at the photographs of trips and activities."

The service had an on-site hair salon and we observed people who used the service getting their hair done. One person who used the service told us, "I like getting my hair done."

The registered manager told us about the activities at the service and said there was a part time activities coordinator. We looked at activities records and saw that a variety of activities were taking place such as bingo, karaoke, sing-a-long, board games, reminiscence time and one to one interaction time. Activities timetables were present in people's care plans and also on display within the service in a pictorial style. The registered manager told us that activities were flexible and that people could decide to do something different if they wished to. We saw records showing that people had been supported to access the community, for example one person recently went to a local restaurant for lunch. Their daily record of care reflected this, stating "[Person] went to [restaurant] for lunch. He had chicken breast with chips and his favourite pint of Guinness. He enjoyed his time out." A relative of a person told us what they thought of the activities at the service, "There's enough to do, always dancing, singing and playing cards, it's wonderful." Another relative told us, "Since [relative] has come here she has come alive again."

The registered manager also told us they engaged people who used the service in the local activities for example, "During dementia week in May (2016) we attended a series of events where service users took part in art and design and we hired red buses to travel around the borough to raise awareness about dementia and we worked with organisations such as Dementia Friends and the Alzheimer's Society. We went to local high streets in the red buses and we had a stand in a local market where service users spoke to the public about dementia and they handed out leaflets."

A care worker told us about the activity plan for Christmas and said, "At Christmas we always have a party and everyone's families are invited. The registered manager makes sure she does a lovely party." A relative of a person who used the service told us, "They mark all of the occasions here, Christmas, Halloween, Easter, we have a lovely time."

During our inspection we observed a 'coffee morning and sing-a-long' taking place in the lounge. People who used the service vocalised what song they wanted to listen to whilst staff provided tea, coffee and biscuits. We observed people who used the service singing and some people enjoyed dancing. One person who used the service told us, "I enjoy this activity." A care worker told us, "The service users enjoy a sing-a-long, there are enough activities, there is always something to do."

People's bedrooms were personalised and decorated in accordance to their taste and we looked at two bedrooms with the consent of the people who used the service. One person told us, "Have you seen my room? It's lovely." People's bedroom doors had photographs of themselves so that they were able to identify their rooms easily and also an image of the job they used to do, for example one person had an image of a plumber. The registered manager told us this person still enjoyed talking about their job as a plumber and said it, "Makes [person] feel good, they talk about it often, gives them pride and joy that they did this job and we are reinforcing that". In addition, on the outside of people's doors there were clear boxes which people could choose to fill with items of their choice, for example people had photographs of their families, bottles of their favourite perfumes and religious paraphernalia. This meant that people were supported to contribute to the personalisation of their rooms.

The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. The service had their complaints procedure printed and displayed in public areas of

the home and also within people's rooms. A relative of a person who used the service told us, "If I had a complaint I'd tell the manager or call the council." A person who used the service told us, "If I had a complaint I'd go to the top, I'd go to the manager." The registered manager told us, "If families are unhappy with the service, we always endeavour to sort it out." The registered manager kept a log of complaints which we looked at and complaints were responded to within the timeframe set out by the service.

The service kept a record of the compliments they had received and we saw examples of these. For example a relative sent a card in October 2016 stating, "We would just like to thank you for all of the help and support you gave my [relative] for the past two years. We always felt she was in good hands and being well looked after." A person who used the service wrote a letter in June 2015 saying, "Thank you all for looking after me whilst being under your care. Both in the home and visits to the hospitals for treatment and my visitors always being welcomed, with thanks."

Good

Is the service well-led?

Our findings

The registered manager at the service had been in post for 17 years and told us, "You've got to love what you do. I used to work as a nurse; you've got to look at how people feel. You need to be a role model for staff". They explained, "I have an open door policy."

Care staff told us about their relationship with the registered manager. One care worker said, "The registered manager is a good support. She has supported me really well when I first started and provided all of the training I needed. She got me really interested in caring for people with dementia." They also told us, "The registered manager asks me if I'm doing okay and I feel comfortable to speak to her." Another care worker told us, "We have a boss who is quite strict, she is transparent. She's lovely but strict, but that's how you've got to be. I've found her very supportive, if you have an issue she'll listen, she'll see you on the same day."

The registered manager told us, "I'm a very strict person, I place myself in the individual's positions, they've all had their own lives, whatever I want for myself or my own parent's I want for the service users."

The registered manager told us about the low staff turnover at the service. "There is something positive here, people who work here work until they retire, but no one has resigned." One care worker told us, ". I am very proud of working here."

The registered manager told us they engaged people who used the service in the local activities for example, "During dementia week in May (2016) we attended a series of events where service users took part in art and design and we hired red buses to travel around the borough to raise awareness about dementia and we worked with organisations such as Dementia Friends and the Alzheimer's Society. We went to local high streets in the red buses and we had a stand in a local market where service users spoke to the public about dementia and they handed out leaflets."

We saw records that team meetings were taking place on a monthly basis. A care worker told us, "Team meetings are monthly and we all voice our concerns if we have any." Records of team meetings showed discussions around procedure, care plans, medicines and MAR sheets and people who used the service. We also saw records of resident's meetings that we taking place every three months, the most recent in September 2016. Discussions included care plan reviews, the menu and activities.

On delivering high quality care, the registered manager told us, "Through supervision I know we deliver high quality care." They also told us, "I tell families to communicate with us and we keep them informed as well, we keep relatives informed of all things, at all stages. This ensures quality of care."

The service had robust quality assurance practices in place. For example, the service carried out an annual resident satisfaction survey, most recently in September 2016. Questions included whether staff were friendly and whether the person was involved in their care. We saw records of these surveys and people who used the service answered "Yes" to whether they thought staff were friendly. One person wrote, "Very happy" on their survey and another stated, "Like the staff and food." This meant that the service was actively

monitoring whether people who used the service were happy with their care.

The registered manager carried out spot checks and records confirmed this. We saw examples of spot checks that were completed at random, for example one was carried out in September 2016 at 3am and looked at the environment, lighting, cleanliness and staffing. Within this spot check, we saw that a recommendation had been made by the registered manager for staff not to set out the breakfast tables too early as it could confuse people who used the service if they work up in the early hours of the morning. This meant that the service was reactive to the needs of people at the service living with dementia. Spot checks also looked at care plans and medicines. We also saw examples of spot checks from July and March 2016.

The service carried out relatives surveys which the registered manager told us were completed at a "High percentage." The most recent relative's survey was carried out in May 2016. Questions included, "Are you satisfied with the care and support given to your relative/friend?" and "Are staff available when you need them?" One relative wrote, "Yes" to these questions and many other responses we saw contained positive feedback about the service and the care staff, for example, "There are BBQ's in the summer and Christmas parties, I've heard music and sing-a-longs and it is very calming for people with dementia." Another relative wrote, "The most important thing is the staff are kind and there's a community feel about the place. The grounds and garden are a boon and cleanliness if of a high standard. I am very grateful and happy with Mapleton." Another relative stated, "I have never needed to complain. The services provided are excellent. My [relative's] quality of life has greatly improved since she has resided at Mapleton care home, in fact she has blossomed beyond recognition."

We also saw records of professional's surveys, the most recent being in September 2016. One professional stated, "Staff are very efficient, knowledgeable and very proactive." Another wrote, "We appear to have an excellent professional understanding and good cooperation between us and we wish for it to continue." A third professional stated, "There was no smell of urine or faeces at the time of my visit, I have never experienced this in my 40 years. The handover was the best I've ever seen in any care home." Records showed that feedback was consistently positive.

The registered manager told us that with all of quality assurance practices they carried out, the information was used to ensure that quality care was being provided and also used the feedback received to make any adjustments or improvements. We saw records of how the information was collated and analysed and the registered manager told us this was to ensure consistency.

During our inspection we looked at policies such as equality and diversity, infection control, health and safety, medications and recruitment. The registered manager told us, "If there are ever any changes in any of the policies and procedures, I make copies and put them up in the staff room or tell staff about the changes in handover." This meant that staff were always abreast with any changes.