

Bupa Care Homes (ANS) Limited

Maypole Care Home

Inspection report

Lower Northam Road
Hedge End
Southampton
Hampshire
SO30 4FS

Tel: 01489782698

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Maypole Care Home is a care home providing personal and nursing care to up to 68 people in one purpose-built building. At the time of the inspection, the home was supporting 55 people under and over the age of 65, some of whom were living with a physical disability.

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

Staff were recruited safely and there were enough staff to keep people safe. The manager was working with the local fire service to make improvements to fire safety within the service. We saw good practice in relation to infection prevention and control and received positive feedback from people and their relatives about this. People received their prescribed medicines at the right time and dose from staff who had received appropriate training. Staff spoke passionately about their responsibilities in keeping people safe.

People and staff told us that whilst there were enough staff to keep people safe, it was not always possible to meet people's needs in a way that was responsive to their wishes and preferences. This had already been identified by the manager, who had increased staffing levels and was continuing to monitor these. People had had limited opportunities to engage in activities. The manager had already identified this, and a new activities coordinator had been employed. A plan was in place to improve the activities available to people. People had detailed and person-centred care plans and risk assessments, which provided staff with guidance to meet people's needs. Complaints were investigated thoroughly, and learning identified, which was shared with the staff team.

The manager and provider had robust systems in place to monitor the quality of the service and continuously drive improvement. People, their relatives and staff had opportunities to provide feedback and were informed of any incidents or concerns. However, the service was working to enable relatives to be more involved in day to day care planning. Feedback about the management team was overall positive and people, their relatives and staff felt listened to and confident that their feedback would be acted upon. The service worked closely with health and social care professionals to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 03 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Maypole Care Home

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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Maypole Care Home 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 did not have a manager registered with the Care Quality Commission (CQC). A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager left in April 2021 and a new manager was appointed. They started in May 2021 and have applied to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five members of staff including the manager, regional director, nurses and care workers. We spent time observing care to help us understand people's experience. We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records such as policies and quality assurance records. We spoke with four people who used the service and received feedback from nine relatives and five further members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The register of people in the service's fire book had last been updated ten days prior to our inspection. Since, there had been a change in the occupancy of the home. We were therefore concerned that people could be placed at risk if the service needed to be evacuated and it was not recognised that a person was in the building or time was spent searching for a person who was not present. We raised our concerns with the manager, who confirmed they would rectify this and put systems in place to ensure this record was continuously updated.
- Following our inspection, we received information from the fire service who instructed the provider to take action to improve fire safety. The provider is already taking action and has provided assurances that outstanding actions are being taken promptly to ensure that people are safe.

We recommend that the provider reviews best practice guidance with regards to fire safety.

- Records showed that health and safety checks such as checks of equipment and water management tasks were completed as required to help ensure the safety of the environment.
- People had risk assessments in place, for example, to reduce the risk of falls, weight loss or to manage health conditions such as epilepsy.
- Where required, additional monitoring was carried out. For example, staff recorded and monitored some people's weight, food and fluid intake or when they were assisted to change their position.
- Staff spoke passionately about risk management. One member of staff told us, "You know, if I have a wound, it needs to be followed, it needs to be documented, photographed, we have very robust procedures... I don't work for you, you don't work for me, we work for the residents".
- Senior staff and the management team monitored risks through weekly clinical risk meetings, daily handovers and weekly or monthly audits. This meant that trends could be identified, and concerns escalated to health or social care professionals when required.

Systems and processes to safeguard people from the risk of abuse

- Most relatives were confident about the safety of their family members. One relative told us, "[Person] is safe because staff are always approachable, carers, nurses and admin staff. If I have any concerns, they drop everything and help us. I feel [person] is safe and well cared for."
- People told us they felt safe. One person said, "Completely safe". Another person commented, "There's a word for that: contentment." We witnessed positive interactions between staff and people during our visit.
- Staff spoke with us about the importance of raising any concerns they might have about people and being aware of possible signs of abuse. One member of staff said, "I'd have no concerns about reporting anything".

Staff told us they were confident that the management team would appropriately address any concerns raised.

- Staff received safeguarding training and were aware of the service's safeguarding and whistleblowing policies.
- The manager liaised with the local authority to investigate safeguarding concerns.

Staffing and recruitment

- People told us they felt safe and their needs were generally met, however, they could not always receive care at the time they wanted to or in the way they wanted to. We have spoken more about this under the key question Responsive.
- Staff told us that there were enough staff to keep people safe, but that there had been challenges. However, staff also told us that they had raised this with the management team and felt concerns about staffing were being addressed and changes being made as a result.
- We discussed this feedback with the manager. They told us they had recently increased staffing levels and continued to review these. They used a dependency tool to assist them to identify appropriate staffing requirements and had undertaken an in-depth analysis of staffing levels, vacant posts and call-bell response times. We saw that there had been a significant improvement in call bell response times and the manager continued to review these.
- Staff spoke positively about the training available to them and felt this was comprehensive. Some staff felt they could benefit from more person-specific training in areas such as Huntington's or dementia care, which the manager told us they would arrange.
- Appropriate recruitment checks were carried out to ensure that staff were employed safely.

Using medicines safely

- There were robust systems in place for ordering, storing, administering and disposing of medicines and people told us they received their medicines as required. One person said, "They're very strict with that."
- People had individual medicines administration records (MARs). These included all essential information such as their name, date of birth, a photograph of them and any allergies they may have. We reviewed several MARs, which showed that people received the right medicines as prescribed.
- Staff had received appropriate training and had their competence to administer medicines regularly assessed.
- The manager and provider carried out regular medicines' management audits. These were thorough and identified areas where practice could be improved. We saw that any concerns identified had been promptly addressed or were in the process of being addressed. For example, following recent stock control issues, additional peer checks had been implemented which reduced the risk of errors.
- For 'as required' medicines (PRN), there were protocols in place to guide staff regarding when to administer these and how to monitor their effectiveness. Staff told us they first checked whether people could tell them they needed their PRN medicines, but that the protocols offered additional guidance for people who were unable to express their needs and included information about the correct dose, time between doses and when to seek further medical advice.
- One person was supported to self-administer their medicines. A care plan was in place for this and risks had been assessed and mitigated. For example, the person had agreed for staff to undertake a weekly stock check so that they could assist the person to order new medicines if required or identify if they were struggling to manage this task.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "They're very good with those processes. A couple of visits ago, my mask, it slips off when I

talk, and one of the girls just stopped and said, "mask!", so they do pull you up." Another relative said, "They've done their best to keep visits going, can't fault the process and I see them wearing the PPE."

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person told us, "It's beautiful, it's kept clean... they're very good with cleaning, they're spot on with that."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- People told us that the management team encouraged them to share any concerns or complaints and that action was taken to resolve any issues. One person said, "The manager, I've complained to her about a couple of things and she's sorted them right away."
- The management team investigated incidents and complaints thoroughly. The manager and provider also maintained a wider oversight through monthly and quarterly audits in order to pick up on, and address, any emerging themes and trends that could impact on people's safety.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they did not have enough opportunities to engage in activities. One person said, "There used to be lots of activities every day, but not anymore, there's nothing to do." Another person told us, "There's not much to do... frustration" and a third person said, "Now and again when there's someone around, before lockdown was on Monday to Friday, now just once in a while when they're not busy. One of the carers does karaoke with us, I'd like it to be more."
- The manager had already identified that activities were not being carried out regularly enough and had recruited an activities coordinator who was imminently due to start. The manager had also assigned care workers in addition to the required staffing levels, to focus on supporting people with activities.
- Throughout the COVID-19 pandemic, people had been supported to maintain important relationships as much as possible. Visits had been facilitated in line with government guidance and people had been supported to use the telephone or video call facilities to remain in contact with their family and friends.
- The manager had plans to increase community links for people when COVID-19 restrictions allowed this. They had noticed that some people had become anxious about socialising within or outside of the home throughout the pandemic, so the manager had plans to slowly increase people's confidence through smaller in-house activities in the first instance, but had a vision for the home to become more connected with the local community.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people and their likes and dislikes well. However, people told us they could not always receive care in the way in which they wanted to, or at the time they wanted to, as a result of staff availability. For example, one person told us that whilst they received daily support with their personal care, they had recently not been able to have a shower for 12 days. They spoke about a delay in being able to get dressed some days and said, "You have to book a shower and I had that shower at quarter to five at night, it's about when there's enough staff." Another person told us, "I like to have my breakfast, then have a shower, but if there's not any staff then they'll give me a strip-wash and wash my hair in a bowl, depends on how busy the staff are... would like more often." We saw examples where people's care had not been delivered as planned.
- Staff told us that whilst there were enough staff to keep people safe, they could feel rushed. One member of staff said, "We do have the time, but not that extra time, so we can't support and help them that extra little bit and that's really quite sad." However, staff also told us that they had raised this with the management team and felt their concerns about staffing were being addressed and changes made as a result. The manager had increased staffing levels and continued to monitor these.

- People had person-centred care plans, detailing their wishes and preferences. We saw that where possible, the service sought to support people with their choices even when risks were identified. For example, one person had been encouraged to continue attending their favourite local coffee shop with appropriate risk management in place to ensure that they and other people living at the service were protected from risks associated with COVID-19 infection.
- Some people and their relatives were not fully familiar with people's care plans. The service planned to enable people and their relatives to become more involved in creating and reviewing these, for example, senior staff had been instructed to spend time speaking with people and their family members as part of care plan reviews.
- People told us they had been able to personalise their rooms in line with their preferences and were pleased with their environment. One person said, "I like my room and you can make it your own, they said you can make it your home."
- Staff spoke passionately about people and the way in which they wanted to support them, displaying an interest in their lives and an understanding of how their care could contribute to people's well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had an individual communication care plan. This detailed what support they needed to communicate their wishes and provided guidance for staff, for example, if they required specific support with verbal or written communications.
- Wherever information was required in another format such as braille, in video form or another language, the provider could make this available.

Improving care quality in response to complaints or concerns

- People told us they could raise concerns or complaints with staff or the management team and these would be well responded to. One person said this was particularly the case since the new manager had started, telling us "The manager, I've complained to her about a couple of things and she's sorted them right away." Another person said, "There was one little incident... so I told them, and they dealt with it."
- Records showed that complaints were investigated in detail and that where required, action was taken to address issues and apologise. A relative told us, "I think I would get a good response, because I've raised something." Another relative said, "I had a meeting with the manager... complaints taken on board."
- We observed the manager sharing information about safeguarding matters and complaints transparently with staff during a daily meeting attended by heads of departments, nursing and senior care staff. The manager told us it was important to them that staff were aware of incidents within the home and to share any learning.

End of life care and support

- People's relatives told us they had been asked about their and their family members' thoughts and wishes for end of life care. One relative said, "We have discussed that with them" and told us they were being kept well updated about their family member's condition.
- People had individual care plans in place, which considered their wishes for end of life care, including any spiritual or cultural needs. Some people did not wish to discuss or think about the end of their life, which was also respected.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Most relatives felt they were quickly informed if there were any concerns about their family members, however, relatives told us routine communication was not as proactive. Given the restricted visiting during the COVID-19 pandemic, some relatives felt less informed about their family members' general care and well-being. Despite this, overall, relatives told us they had confidence in the leadership of the home with one relative saying, "It's just the communication really" and another resident telling us, "I cannot fault the way they look after [person], but I would like more feedback."
- People told us that they had opportunities to contribute to the running of the service through regular residents' meetings. One person said, "That's also what the meetings are for, you tell them things."
- People told us that they often saw the new manager, who operated an open-door policy and would walk around the home, so people knew who they were and had an opportunity to provide feedback. One person said, "[New manager]'s very good, I can always give my opinion and they're always asking about what they can do for me."
- The provider sought feedback from people, staff and relatives through regular surveys. A relative told us, "They have responded to suggestions in the past."
- Regular staff meetings ensured that staff were up to date and provided opportunities for staff to give feedback. One member of staff told us, "We have a daily meeting... where we can share information and bring up any issues." Another member of staff said, "There are meetings, and at different times so night staff can attend."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People spoke positively about the atmosphere and culture of the service and told us staff were kind and attentive. One person said, "[Staff] are so caring, so professional, they're a wonderful team."
- The manager was mindful of people's dignity and privacy. For example, we observed staff being reminded to ensure that people's continence products or catheter bags were not immediately visible at the entrance to people's rooms.
- The manager was aware of their legal responsibilities under duty of candour. Although we received feedback that some relatives would value more updates about their family member's day to day care, relatives told us they were always informed of any incidents that occurred or concerns promptly. One relative said, "It doesn't happen very often but sometimes you can't help it and she falls over and I always

get a call, they'll say [person]'s had a fall, [they're] back in [their] wheelchair, we've checked [them] over or we want [them] to see a Doctor." Another relative told us, "They called us in the middle of the night the other night to tell us [person] had been admitted to hospital and they'd called us before to tell us [they weren't] very well, [they] had a high temperature and they'd called out the Doctor so it was all in hand."

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

- People spoke very positively about the management of the home. One person said, "They're very good, very approachable, they come in every day and say 'hello', and we've got a new manager, she's lovely." Another person told us, "The new manager, I like her, she's brilliant. When she comes around in the morning, she offers to help me... I know that's not her job, but she does it anyway if I need anything."
- Relatives were also overall positive about the management of the home. One relative said, "The management team and people in the office lead by example."
- Staff told us they felt well supported by the new manager and the management team and that they had listened to and recognised some of the challenges staff had been experiencing and wanted to be improved. One member of staff said, "Really nice manager, she's a good listener, appreciates what we do." Another member of staff told us, "I do feel supported".
- Services registered with CQC are required to notify us of certain events such as safeguarding incidents. Where required, we had been appropriately notified.
- The provider was displaying their most recent CQC rating at the service and on their website.

Continuous learning and improving care

- The service had a comprehensive auditing system to continuously review and improve the quality of people's care and the safety of the service. The manager and provider completed regular, detailed audits in areas such as health and safety, infection control and medicines.
- Where audits identified issues or concerns, action plans were created to address these. There was a robust service improvement plan, which was overseen by both the manager and provider to review progress being made. For example, call bell response times had been above the service's targets, but action had been taken and on-going monitoring showed a continuing improvement.
- The new manager had implemented several changes based on findings of audits and feedback from people, staff and relatives. For example, they had identified recruitment, staffing and activities as the main areas the service needed to work on.
- The manager told us it was important to them to foster a culture of transparency, so that issues could be identified, and improvements made. One member of staff told us, "Everyone makes mistakes, if you hold your hands up and work on it, then you'll be supported... We have the ethos of define it, work on it, try to fix it and make sure it won't happen again."

Working in partnership with others

- Records showed that the service regularly worked with several health and social care professionals to meet people's needs. For example, the service worked together closely with their GP service and the local authority. Where required, referrals were promptly made to other professionals such as Speech and Language Therapists or Physiotherapists.