

## Maples Care Home (Bexleyheath) Limited

# Maples Care Home

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Maples Care Home is a care home set over three floors and provides residential, nursing and dementia care and support for up to 75 older people. At the time of our inspection, 51 people were using the service and the top floor was not in use to provide any regulated activities.

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

The service had improved on their records management practices; however, some records were not always updated as regularly as required. The service had systems in place to assess and monitor the quality and safety of the service and to continuously learn to drive improvements but did not identify the issues we found with records management.

People's care and support needs were met. Relatives and professionals were complimentary about the service. Relatives told us their loved ones were safe and were happy living at the home. People were protected from the risk of avoidable harm, abuse and neglect. People were supported by sufficient numbers staff to ensure their needs were safely met and the service followed appropriate recruitment practices. Medicines were managed safely, and staff followed appropriate infection control practices to prevent or minimise the spread of diseases.

People's needs were met by the design, decoration and adaptation of the home. People were supported to eat and drink sufficient amounts for their health and wellbeing and to access healthcare services. People's needs were regularly assessed and care and support was planned to meet their individual needs. Staff were supported through induction, training and supervision to ensure they had the knowledge and skills required for their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff that were kind, caring and respectful of them and their end of life wishes. People were involved in making decisions about their care and support needs and their views were taken into consideration when planning their care. People's privacy and dignity was maintained, their independence promoted, and their diverse and cultural needs respected.

People were supported to develop and maintain relationships important to them and participate in activities that interest them. People's communication needs had been assessed and met and Relatives told us they knew how to make a complaint if they were unhappy.

The management team demonstrated a commitment to provide high quality care and knew they had to be honest, transparent and open when things went wrong. Feedback was sought from people, their relatives and staff to improve on the quality of the service provided. The service worked in partnership with key

organisations and health and social care professionals to deliver an effective service. Staff knew of their individual roles and responsibilities, they told us they felt supported in their role and were happy working at the service.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 23 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 23 January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### 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 coronavirus and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

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

#### Follow-up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# Maples 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 team on the first day consisted of two inspectors. One inspector returned to the service on the second day and an Expert by Experience made telephone calls to relatives to gather their views about the service. 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

##### Care Homes

Maples 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service since our last inspection. This included information received from the provider, as required by law, to report certain types of incidents and events. We sought feedback from the local authority who commissioned care from the provider. 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 one person and one relative face to face. We also spoke with eight relatives on the telephone about their experience of the care provided. We spoke with 17 members of staff including the head of care, registered manager, clinical manager, nurses, medical technicians, care workers, activities coordinator, technical operator and the house keeping teams. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not express their views about their care to us.

We reviewed a range of records. This included two people's care records and multiple medication 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 six care plans and risk management plans, we reviewed training data and quality assurance records. We also had feedback from six health care professionals who were regularly involved in providing care and treatment to people at the service.

# 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people had been identified, assessed and had appropriate risk management plans in place to minimise or prevent risks occurring. Risks were also reviewed regularly to ensure people's needs were safely met.
- Risk assessments and management plans covered areas including falls, personal care, medicines, nutrition, moving and handling, skin care, and behaviours.
- Where risks were identified, for example with malnutrition or diabetes, appropriate risk management plans were in place which provided staff guidance on how to safely manage risks. Staff knew of individual risks for example about the texture of food a person required and the support to provide.
- Risks to people were, rated, monitored and regularly reviewed to ensure people were safe. For example, people's wounds were assessed monthly with the tissue viability nurse (TVN) and their recovery or healing progress recorded to ensure their needs were safely met.
- Where people were considered for example at higher risk of malnutrition, hydration or pressure sores, various monitoring charts including eating, drinking and repositioning charts were used to monitor and record the support they had received; these were completed as required. Mattress and bedrail checks were also carried out as required. Also, regular multidisciplinary team meetings were held with healthcare professionals including a GP to ensure people received safe care and treatment.
- Each person had a personal emergency evacuation plan in place to ensure staff and emergency services knew of the level of support they would require evacuating the premises safely.
- Health and safety checks including weekly fire tests, monthly fire drills, portable appliance tests, gas safety, nurse call bells, wheelchairs hoists and slings checks were all carried out to ensure the environment and equipment was safe for use.

### Staffing and recruitment

At our last inspection the provider had failed to ensure enough staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

regulation 18.

- There was enough staff available to support people's needs. Relatives said they felt there was adequate numbers of staff available to support their loved ones. One relative told us, "[Staff] are occasionally a bit pushed, but for the most part there are sufficient."
- Staff told us that the staffing arrangements in place had improved; however where staff called in close to the start of their shift to cancel, this sometimes had an impact on the staffing level as the service was no longer in use of agency staff.
- The management team told us that staffing levels were planned based on people's needs. A staff planner and staffing rotas we reviewed were consistent and reflective of each other and matched the number of staff on shift.
- The registered manager informed us that the home was fully staffed and required minimal use of agency staff. They said they were currently recruiting bank staff to cover vacant shifts and staff absences.
- At our inspection, call bells were answered promptly, and we did not observe anyone waiting for long to be attended to.
- The provider had appropriate recruitment policy and procedures in place to ensure pre-employment checks were satisfactorily completed for all staff before they began working at the home. These checks included two references, right to work in the United Kingdom and a criminal records check. Nurses were also supported to maintain their registration with the Nursing and Midwifery Council.

#### Using medicines safely

- Medicines were managed safely. A relative said. "[My loved one] is quite safe, there are no problems and they manage all her medication."
- There were safe systems in place to acquire, store, administer, dispose of and monitor medicines; including controlled drugs. Staff responsible for supporting people with their medicines had completed medicines training and their competencies assessed to ensure they had the knowledge and skills to safely support people.
- Each person had a medicines administration records (MAR) which included their photograph, list of medicines, dosage, frequency, preference of taking medicines and any known allergies.
- Records showed that people were receiving their medicines as prescribed by healthcare professionals. The number of medicines in stock matched with the number of medicines recorded and we found no gaps in the MARs.
- Where people were prescribed 'as required' medicines (PRN) such as pain-relief or laxative, there was a PRN protocol in place for staff on when they could administer these medicines.
- Healthcare professionals including the home's GP carried out regular review of people's medicines to prevent the risk of overprescribing and to ensure people were only taking medicines they needed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- 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.

#### Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents to improve the quality of the service. The provider had accident and incident policies and procedures in place which provided staff guidance on how to report and record accidents, incidents or near misses.
- Staff understood the importance of reporting and recording any accidents and incidents and had followed the provider's policy where required.
- Where accidents or incidents had occurred, appropriate actions were taken to ensure people were safe. Monthly audits were in place to identify and analyse any root causes, recurrent themes and whether actions taken were effective in managing risks.
- Lessons learnt were communicated through various meetings including staff meetings, handover meetings, clinical meetings and resident of the day meetings to ensure staff were aware and took appropriate actions to reduce the likelihood of repeat occurrence.

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

- People were protected from the risk of abuse. A relative told us, "[My loved one] is safe, there are no problems." Another relative said, "[My loved one] is 100 percent safe."
- The service had an up to date safeguarding and whistleblowing policies and procedures in place. Staff had completed safeguarding adults' training and understood their responsibility to report any concerns of abuse to their line manager. Staff also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to senior management staff, local authority or CQC.
- The registered manager and other management staff understood their responsibility to protect people in their care from harm and to report any concerns of abuse to the local authority safeguarding team and CQC.
- Where there had been any concerns of abuse or neglect, the service had acted to ensure people remained safe.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to ensure the environment was suitable for people living in the home and this was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The home environment was suitably designed and adequately maintained. The home appeared clean without any odours. The entrance of the home, and access to the garden were wheelchair friendly.
- People's rooms were decorated and personalised to their needs. Since our last inspection, the home had been redecorated. People had been involved and had chosen, for example, wall papers and furniture for various areas at the home. Also, in communal areas, new carpets had been laid. The home was also decorated with pictures and posters such as poppies which were meaningful to people and as a symbol of remembrance. The day, date, time and the weather were all accurate in all parts of the home and this helped people's orientation.
- There was appropriate signage throughout the home which promoted navigation and guided people to various communal areas. Dining rooms, lounges, toilets and bathrooms were labelled and had pictorial signs on them. There were also signs directing people to areas such as the library.
- To promote people's orientation, different colours were used to paint different areas in the home. Some people had memory boxes, a portrait pictures or a memorable picture on their bedroom doors. Some people also had different door knockers to enable them to identify their rooms more easily.
- Corridors were wide with handrails to support people mobilise independently. There were lifts and stairways for easy access to alternate floors. There was also a security system in place to ensure people remained safe at the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat healthy meals and drink enough amounts for their health and wellbeing. A relative informed us, "My loved one eats well, there seems to be plenty there. They now have drinks available in the lounge."
- Care records included people's nutritional needs; their likes, dislikes, any allergies and the level of support required to ensure their dietary needs were met. Pictorial menus were made available to enable people to make their own choices. People were given options and their choices respected. Where people requested

alternate meals, such as baked potato, this was catered for.

- Where people required their meals prepared differently for health reasons such as diabetes or swallowing difficulties this was safely met. People's weight was checked weekly or monthly to ensure prompt action was taken to mitigate any nutritional risks. Where potential risks were identified, healthcare professionals including GPs, dietitians, SALT were involved to ensure people maintained a healthy weight.
- During lunch time we observed people were attended to promptly, offered choices and the atmosphere was relaxed with positive interactions between people and staff. People who had lunch in their rooms were served at the same time as those in dining areas. Where people required support to eat and drink staff supported them in a caring way.
- Meals were freshly cooked onsite by an external catering company. Kitchen staff had a list of people's dietary needs and preferences. The head chef carried out regular quality monitoring checks on the food and gathered feedback from people to ensure individual needs were met.
- A grazing box was made available where required to support people to snack in between meals to maintain or improve their weight. A hydration station was available in lounges to encourage people to drink sufficiently. The management team informed us the aim was to get people to have seven drinks a day in line with NICE guidance on eating and drinking in care homes.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training, supervision and appraisals. Relatives confirmed staff were well trained, competent and had the knowledge and skills to support their loved ones.
- Staff completed training the provider considered mandatory including MCA and DoLS, fire awareness, first aid, health and safety, infection control, moving and handling, safeguarding and dementia care. Staff had also completed training on Covid -19 and the use of PPE.
- Staff supervision and annual appraisals were being carried out in line with the provider's requirements and staff confirmed they felt supported in their role. One member of staff commented. "I never knew they did supervision in this place until [the current registered manager] came here. Supervision has improved and you can have your say and it is acted on."
- Nursing staff said they felt supported by the clinical manager and felt more involved in areas specific to their role and supported to maintain their professional development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people began using the service, their needs were assessed to ensure they could be met. Initial assessments covered areas including people's physical, mental and social care needs; including their personal care, nutrition, communication, cognition, mobility, continence and activities they enjoyed.
- The service followed best practices and used nationally recognised assessment tools such as malnutritional universal screening tool (MUST) to predict nutritional risks. Assessments were reviewed monthly or when required to ensure people's changing needs were met.
- The service also followed appropriate Covid-19 testing and isolation procedures when admitting new people to minimise the risk of infections.
- Where required healthcare professionals including GPs, tissue viability (TVN) and Speech and Language Therapists (SALT) were involved in assessing people's needs and supported staff to deliver safe care.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services. A relative told us, "They [the service] seem to be looking after [my loved one], the doctor comes in if there is a problem. She had a fall and the doctor came in straightaway."
- The home had a dedicated team of healthcare professionals including a GP, dieticians, tissue viability

nurses, chiropodist, occupational therapist (OT), palliative nurses and community mental health teams who ensured people's care and treatment needs were met.

- The service worked in partnership with health and social care professionals to ensure people received an effective care and support. The service held monthly multidisciplinary meetings with GP, OTs, TVN, SALT, and the community mental health team and integrated complex case team from the local authority to plan and deliver care and treatment that met individual care needs.
- The service shared relevant information with key organisations including emergency services and hospital teams to ensure relevant information about people's health, communication, mobility, behaviour, likes and dislikes was available to them when required.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood and worked within the principles of MCA. They sought people's consent before supporting them. A member of staff said, "We always ask people for their consent and let them know what we want to do."
- Where possible, legal authorisation such as a lasting power of attorney (LPA) was in place as required by law. A relative told us, "Staff seem quite capable when I've been in there. I do have an LPA in place, and they ask me permission for [my loved one] to have the flu vaccine."
- People were encouraged to make various decisions for themselves and were provided information in formats that met their needs. People made day-to-day decisions about their food, clothing and activities. However, where people could not make specific decisions for themselves for example about their medicines, finances, personal care needs, flu vaccination and Covid-19 tests, appropriate mental capacity assessments and best interest decisions were in place.
- Where people living at the home had been deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions placed on them were being met and kept under review.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated with dignity and respect, , this was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People's privacy and dignity were respected. A relative commented, "Staff always knock on the door, they don't just barge in." Other relatives said their loved ones were always 'nicely' dressed when they visited them.
- We observed positive interactions between people and staff and saw that staff addressed people respectfully. We saw staff knocking on people's doors before entering and staff said they always ask for people's consent before supporting them.
- Information about people was kept confidential and stored securely. Staff told us information was shared only on a need to know basis.
- People's independence was promoted. Where people were capable of carrying out simple task for themselves, this was encouraged. For example, people could tidy their own room, make their own bed and make a cup of tea. We saw people walking independently in the home; some with walking aids.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring towards them. A relative commented, "I have always found the staff caring and considerate." Another relative said, "Staff are always caring and kind towards my loved one."
- People received care and support from staff that were attentive and understood their individual care needs. A relative mentioned, "When my [loved one] first went in there, they needed a lot of help, [staff] were very good with them as they were agitated but [staff] showed care and courtesy."
- During lunch time, we observed how staff kindly attended to one person who was walking with a purpose, to sit at a place of choice and have their meal. We observed staff were attentive to them until they had finished their meal.
- Staff understood the Equality Act and people's religion, sexuality, race, age, gender, disability, and cultural background were taken into consideration when supporting them. A relative told us, "[Staff] say prayers with my loved one... They are very caring and treat people as individuals."
- Where required, people were supported to practice their faith and involved in a relationship of their

choice. During our inspection, a married couple were celebrating their wedding anniversary and the service celebrated with them and ensured the day was made special for them.

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

- People and their relatives had been consulted about the care and support provided. Relatives informed us they were involved in planning the care and their views were respected. One relative said, "I did the care plan with them initially, now the care plan is on an iPad and I can see that."
- The service had electronic care plans which were made available to people and their relatives. Relatives had access to the live system and could see the support their loved ones had received. They could also update the care plan and provide staff information where required.
- People had choice and control of their day-to-day lives. People were provided with choice of food and drinks, activities, clothing and how they would like to spend their day.
- People were provided with a service user guide which included important information about the home and the standard of care and support people should expect, so they could make informed decisions for themselves. A relative commented, "There was lots of information available, they gave me a booklet."

# 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 now improved to good. Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure records reflected clear and updated care and treatment plans of people's individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received care and support that met their needs. A relative told us, "My loved one is quite happy to stay there [Maples Care Home]... I never thought she would stay there. I saw how they were happy, and staff are always caring and kind towards them."
- Each person had a care plan which provided staff with guidance on how their needs should be met. Care plans included people's physical, mental and social care needs; including their personal care, nutrition, medicines, mobility, continence and behaviour. Care plans also included people's preferences, their likes, dislikes and the level of support they required.
- Care plans contained people's life histories to help staff build a positive relationship with them. Staff knew people well and the support to provide. They told us about the specific individual support needs, and this was consistent with information in their care plan.
- Where staff were required to monitor and record the care and support delivered this was completed. For example, food and fluid charts were completed, mattresses were set correctly in consideration with people's changing weight. Where required, turning and repositioning and behavioural charts were completed as required.
- Care plans were kept under regular review and people and their relatives were involved to ensure their changing needs were met. Daily care notes we reviewed showed the care and support provided was in line with the care and support planned for.

### 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'.

- People's communication needs were met. A relative told us, "My loved one needs a lot of care, they can't walk or talk. They nod for yes or no and staff give them options and choices."
- People were effectively supported to communicate in ways that promoted their understanding. A relative informed us, "My loved one doesn't talk but staff try to communicate through touch and smiles."
- Care plans contained information about people's senses and communication; including hearing, reading

and speech. Each care plan provided staff guidance on how a person's communication needs should be met. For example, "[Person's name] is unable to communicate verbally due to a [health condition]. However, they are able to nod their head for basic verbal questions."

- Where required information was presented in large prints or pictorial formats to ensure people were presented information in ways that were relevant to them.

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

- People were supported to maintain and develop relationships with those important to them. The home continued to promote and support relatives to visit their loved ones by adhering to infection prevention and control and current government guidelines. Relatives told us they had been 'impressed' with the arrangements the home had made for them to visit their loved ones during the pandemic.

- The home encouraged and enabled people to contact those important to them through telephone and other digital communication. A relative told us, "Staff help my loved one to face-time me four times a week." The home had also acquired a voice enhancing device to promote communication with people when their relatives visit.

- People were supported to participate in activities of interest, which stimulated them in ways that were socially, culturally and religiously relevant. A relative informed us, "The activity staff are very good, they play games with my loved one." People were engaged in activities including music, quizzes, bingo, puzzles, board games and chair exercises. Where people did not engage in group activities, one-to-one support was provided. For example, one person who enjoyed listening to spiritual music staff supported them and created a playlist of songs that met their need and spiritual choices.

- The home also had a relaxation room, a pub area, various destination stations including a library and a writing corner where people could write and post letters or cards to their relatives. There was a Maples make it happen, where people made a wish and hung it on a tree and the service try to make their wishes come true.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which provided guidance on how to raise a concern or complaint and the timescales for responding. The complaint policy was displayed in communal areas for easy access.

- People and their relatives knew how to make a complaint. A relative told us, "I've not made a complaint, but I have mentioned odd things and they have been dealt with straightaway."

- A complaint log we reviewed showed an average of one complaint was being made in a month. The service had followed its complaints procedure and for example arranged meetings with the complainant to ensure they were satisfied with actions taken to address their complaint.

- Analysis were carried out on complaints and any learning identified was used to improve the quality of the service.

End of life care and support

- People and their relatives had been consulted about their end of life care needs. People who did not wish to be resuscitated had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place which had been agreed with them, their relatives where appropriate, staff and completed by their GP.

- Where people were receiving end of life care, they were supported by staff, their relatives and appropriate healthcare professionals to ensure their end of life care needs and wishes were met.



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

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

At our last inspection, the provider had failed to have effective quality assurance systems in place to ensure people were provided with safe and good quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, we identified areas of record management which required improvement.

- Records were not always accurate, complete and updated when required. For example, one person who had recently restarted using a catheter did not have their risk assessment updated to reflect their current need; however, there was no impact on the level of care the person received. For another person, their diabetes care plan did not include an acceptable range of hypoglycaemia or hyperglycaemia (low or high blood sugar levels) to ensure staff had accurate information to provide safe care. However, staff were knowledgeable about their needs and monitored their blood sugar levels. Another person whose blood glucose levels were meant to be checked four times a day was being done twice daily. Regular temperature checks were carried out, but these were not done daily as recommended under covid-19 guidance.
- In nutritional care plans, people's dietary levels were not always consistently recorded. One person living with asthma and who occasionally got breathless did not have any risk management plans in place. However, staff knew what support to provide. We raised these issues with the management team and prompt action was taken to improve on people's care records. Following our inspection, we received updated care records to evidence this.
- The systems in place for assessing and monitoring the quality of the service had improved. Daily, weekly, monthly, quarterly and annual quality assurance checks were being carried out. This covered areas including care plans, infection control, medicines, environmental, wound care, call bell, falls, staff training, supervision, appraisals and staff files. Where issues were identified for example with call bell response time, appropriate actions were taken to improve people's experiences. However, the service did not identify some of the issues we found with records management during our inspection.
- There was a registered manager in post who was supported by a clinical manager and the head of care. The registered manager had a good understanding of their registration and had worked within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Where required,

they had notified CQC and other health and social care authorities of significant events that had occurred at the service and had displayed their last CQC inspection report rating as required.

- Staff knew of their individual roles and responsibilities and told us they followed the provider's values when supporting people. Staff spoke highly of their managers and told us they felt supported in their roles and were given opportunities to develop.

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

At our last inspection, the provider had failed to assess, monitor and improve quality and safety of people was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and their relatives views were sought to improve the quality of the service. A relative told us, "The new manager gets us involved and is a lot more proactive. There are monthly Zoom meetings. On the whole they provide a good service."
- The service held weekly resident association meetings and monthly relatives' meetings on 'Zoom'. Minutes of relatives' meeting showed discussions covered areas including Covid-19, care plans, menus, recruitment, Christmas arrangements and results and action plans from the last resident and relatives survey. Where issues were identified, for example with personal care, appropriate actions were taken to improve the service.
- Where people had concerns, for example about Covid-19 vaccinations, a residents meeting had been held to reassure people. Minutes of these meetings showed people's views were taken into consideration and action was taken to ensure they were satisfied. The service also had "you said... we did" board, this is where people's views from these meetings on topic such as the menu, activities or the garden were displayed with actions the service had taken to address them.
- Staff views were sought through surveys and staff meetings. A staff survey was held in June 2020 and the results of the survey were mostly positive. A follow-up staff Zoom meeting was held to gather staff views and drive improvement. Action was being taken for example to improve staff development, communication and experiences.
- Various meetings including clinical meetings, daily head of department meetings and regular staff meetings were also held to gather staff views. A member of staff told us, "Staff meetings are good, or I will say excellent and we have time to express ourselves and we say what we want to say and don't look back."

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

- The registered manager and the management team had oversight of the service. People, their relatives, professionals and staff were complimentary of the management team. A relative told us, "I am impressed with what is going on now at the home, I'm being kept informed now; previous communication was awful. There's a lot more communication and activity since the new manager came, I see more interaction going on."
- The registered manager and other management staff demonstrated a commitment to improve the care and support people received and to provide high quality person-centred care.
- There was an inclusive culture, where people, their relatives or staff were encouraged to communicate openly with management staff to ensure people achieved good outcomes. A relative told us, "The new chap [manager] is a bit more organised than the manager before. The manager asks if I have any concerns. I have

done one survey and there are regular zoom residents and family meetings."

- Daily head of department meetings were held. Representatives from each unit provided updates on topics including accidents and incidents, hospital admissions, new admissions, activities, Covid-19 infections, staff sickness, resident of the day, staff training, professional visits and any issue of concern. These meetings provided up to date information on all aspects of people care and support. Management staff used these meetings as a platform to set expectations and the support that they would provide.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, the local hospice, a catering company and other health and social care professionals to provide joined-up care.

- Feedback we received from professionals was positive. They said, staff were 'attentive', "engaging" 'friendly and helpful' and," knowledgeable about patient's likes/dislikes." They also said where they were concerns staff made prompt referrals and were good at following their recommendations.