

HC-One Limited

Maple Court Nursing Home

Inspection report

Rotherwood Drive
Rowley Park
Stafford
Staffordshire
ST17 9AF

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Maple Court is a residential care home that was providing personal and nursing care to 53 people at the time of the inspection, some of whom were living with dementia.

People's experience of using this service:

Decisions about people's care and treatment had not always been made in line with law and guidance. Care records did not always reflect people's individual needs and some gave inconsistent information.

People felt safe and staff knew how to identify and report concerns for people's safety. People were supported by a caring and compassionate staff team. People were supported to maintain their independence and their dignity was valued and respected.

People's wishes about how they wanted to be supported at the end of their lives had not always been recorded, which meant their values and beliefs may not be respected. Activities were available for people to take part in; however, people felt more could be done to help them participate in hobbies and interests. People and their relatives knew how to raise a concern about the service and were confident these would be addressed.

People, relatives and staff found the registered manager approachable. Although the quality audits completed had not always identified the shortfalls found at the inspection; the registered manager had an improvement plan designed to identify and improve the quality of service people received.

Rating at last inspection: 09 April 2018, Requires Improvement, with a breach of Regulation 12, Safe Care and Treatment. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found a number of improvements had been made, however some were still required.

Why we inspected: This was a planned inspection based on the rating from our last inspection.

Enforcement: No enforcement action was required.

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

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

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 effective?

Requires Improvement 

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good 

The service was caring

Details are in our Caring 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?

Requires Improvement 

The service was not always well-led

Details are in our Well-Led findings below.

Maple Court Nursing Home

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an inspector, an assistant inspector, a specialist nurse advisor 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. Their area of expertise was mental health.

Service and service type:

Maple Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Maple Court accommodates up to 80 people in one adapted building. There are two separate units, one of which specialises in providing care to people living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we reviewed notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies.

During the inspection we spoke with six people who lived at the home, three relatives, eight staff members, the weekend manager, the registered manager and the director of quality. We looked at seven people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at three staff recruitment records.

Following the inspection, we requested some additional information from the registered manager, this was received without delay.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

- At our last inspection in April 2018 we rated the service under this key question as, 'Requires improvement'. We found the provider to be in breach of Regulation 12, Safe care and treatment. This was because people's medicines were not consistently managed safely. People's risks were not always suitably managed to keep them safe and improvements were required to ensure that people had access to the support they required in a timely manner.

At this inspection we found sufficient improvements had been made. The provider was no longer in breach of the regulations and the rating is now judged as 'Good'.

Using medicines safely

- People received their medicines as prescribed.
- Systems used to manage medicines were safe and they were stored and disposed of safely.
- Where people's medicines were used 'as and when required' we observed staff members asked people if they wanted these. There were clear protocols for staff to follow when administering these medicines.
- People's medicines were reviewed regularly by external healthcare professionals.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Maple Court. Relatives expressed the same view, one commenting, "I always feel they are being looked after well and they look happy. I don't think you could ask for a better place."
- Relatives shared with us how staff had responded to any concerns they had raised about people's safety and were satisfied with the action taken. For example, changes had been made to one person's bedroom following concerns raised by a relative.
- Staff had received training in protecting people from abuse and knew how to raise any concerns for people's safety.
- The registered manager submitted relevant notifications to CQC and had notified the relevant local authority where there were concerns for people's safety.

Assessing risk, safety monitoring and management

- Staff knew the individual risks people faced and how to manage these risks safely and effectively.
- We saw staff took a proactive approach to risk management by ensuring a consistent staff presence in the first-floor communal lounge. This meant people received appropriate levels of supervision to ensure their continued safety.
- People had access to equipment such as walking aids which helped them mobilise safely around the home. We saw staff followed safe moving and handling techniques when supporting people to mobilise.

- There were environmental and health and safety risk assessments in place to make sure the home environment was safe.

Staffing and recruitment

- Although we received mixed views from people and relatives, we saw there were sufficient numbers of staff to meet people's care needs. Staff were calm and unhurried as they supported people.
- The provider used a dependency tool to ensure there were enough staff available to meet people's needs.
- Staff told us they felt there were sufficient numbers of staff for the majority of the time, but at weekends staffing levels did sometimes fall due to staff absence.
- The registered manager told us they had recently recruited new staff to cover any absence.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Preventing and controlling infection

- People were protected from the risk of infection. People shared how correct procedures were followed during an outbreak in the home; notices had been placed on the entrance and relatives were informed.
- The home environment was clean and one person, who preferred to spend time in their bedroom told us, "The staff are in here every day cleaning."
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and used these when supporting people with personal care or serving meals.
- Regular audits were undertaken to ensure infection control policies and procedures were being followed. The registered manager had an action plan in place to address areas of concern highlighted in a recent audit.

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people living at the home.
- A daily 'flash' meeting took place to discuss any concerns and agree actions to reduce risk and keep people safe.
- Where incidents occurred, the registered manager took action to reduce the risk of reoccurrence. For example, ensuring care plans and risk assessments were reviewed following a person's fall.
- The registered manager had also made improvements to their assessment process to make sure people's need could be met prior to them moving in to the home.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

- At our last inspection in April 2018 we rated the service under this key question as, 'Requires Improvement'. At this inspection we found although some progress had been made, further improvements were still 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found that where people were being deprived of their liberty the registered manager had submitted applications to the local authority to ensure the restrictions were lawful. The registered manager had a system in place to monitor the progress of these applications to ensure people's rights were protected.
- We observed that staff sought people's consent before providing them with care and support.
- However, where people lacked capacity to make decisions about their care and treatment we found staff had not consistently followed the principles of the MCA. For example, one person's care records reflected they were receiving their medicines covertly and despite the person being unable to consent to this, a best interest discussion and decision had not been recorded.
- We shared these concerns with the registered manager who took action to ensure people's rights were protected. Following the inspection visit they sent us information which confirmed best interest's meetings had now taken place.
- Information contained in people's care records about their capacity to make specific decisions was inconsistent and not always clear. This could mean people are prevented from making their own decisions when they are able. The quality director told us the provider had a clear format for recording information about people's capacity and records were in the process of being reviewed and updated.

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

- Assessments of people's needs were detailed, however people's expected outcomes were not always clearly identified or reviewed. For example, some people's care records were not reflective of their individual

needs or contained conflicting information. One person's records reflected they wore glasses, but other information stated they had no vision problems.

- The registered manager told us they, and senior staff, were in the process of reviewing all care plans to ensure information contained within them was consistent.

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

- Referrals to healthcare professionals were made promptly when there was a change in people's healthcare needs.
- However, we found that staff were not always aware of the recommendations of other professionals involved in people's care. For example, for one person who exhibited behaviours that could be challenging, not all staff were aware of triggers for the person's behaviours. This could result in the person receiving inconsistent support from staff.

Staff support: induction, training, skills and experience

- People were confident that staff had the required skills to support them safely and effectively. One person told us, "I think the staff are trained well."
- New staff received an induction, relevant training, and regular supervision.
- Staff we spoke with had been offered the opportunity to develop within their role.
- Staff felt supported in their role and able to approach the registered manager for guidance.

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

- People told us they had enough to eat and drink and were generally happy with the quality of meals provided.
- We observed mealtimes and found that where people required support to eat their meal staff had a good understanding of their dietary needs. For example, adding thickener to people's drinks to reduce the risk of choking and ensuring people were given the appropriate time between mouthfuls of food.
- People were offered a choice of meals and the menu was varied and offered a balanced diet. Drinks were readily available throughout the home and served regularly to people who spent time in their own rooms.

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

- There was some pictorial signage and memory prompts throughout the home to support people living with dementia. Doors were painted different colours to indicate if they were a bedroom or a bathroom to make them easier to identify.
- There was a variety of seating available throughout the home, so people could comfortably spend time either alone or with others.
- Some people told us they enjoyed spending time in the garden and were supported by staff to do so.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

● At our last inspection in April 2018 we rated the service under this key question as, 'Requires improvement'. This was because staff did not always protect people's privacy and dignity and we observed that people were not consistently offered choices. At this inspection we found improvements had been made and the rating is now judged as 'Good'.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence.

- People told us they felt staff were kind and caring. One person commented, "The staff ask me if I've slept well. I have a good relationship with the regular staff."
- There was a calm relaxed atmosphere throughout the home and people were comfortable to approach staff when needed.
- People told us and our observations confirmed they were treated with dignity and respect.
- Where people became anxious or upset staff responded swiftly to offer reassurance. For example, we observed two people who became unsettled were supported by staff to spend some time in the garden and this helped to reduce their anxieties.
- Staff supported people to maintain relationships with friend and family members. We observed staff reminding people about their relative's visit or an upcoming family event.
- People's privacy was maintained; people who preferred to spend time in their own room were supported to do so.
- Staff communicated discreetly with people about their need for personal care.

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

- We saw staff gave people information to help inform them and make decisions. For example, we observed a staff member telling one person, "When you've finished your lunch, I just need to check your blood pressure. I'll come to you in your room." This gave the person time to process the information and prepare themselves for the support provided by staff.
- We saw people were able to express their views about the care they received and were supported to make their own choices about where and how they spent their time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations may or may not have been met.

- At our last inspection in April 2018 we rated the service under this key question as, 'Requires Improvement'. Improvements were required to ensure that each person had an up to date and accurate care plan. At this inspection we found although some progress had been made, further improvements were still required and the rating remains Requires Improvement.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Although staff were knowledgeable about people's individual needs, we found care records were not always up to date or reflective of people's care and health needs. The registered manager had recognised this, and work was in progress to improve records at the time of the inspection.
- We found some care records were inconsistent and contained very minimal information about people's life histories, cultural or spiritual needs. The quality director told us they were aware that improvements were required in relation to the assessment of people's diverse needs and work was underway to make the required improvements.
- Some people told us they felt confident that permanent staff knew their preferences; however, they felt that temporary staff did not always have the required knowledge. The registered manager told us they tried to employ consistent staff when agency cover was required but recognised this was an area for improvement.
- Where people required support to manage behaviours that could be challenging to others, information was not always readily available for staff to access. This could result in people receiving inconsistent care.
- The service employed an activities co-ordinator, however; people told us activities could be improved and more could be offered in terms of supporting specific hobbies and interests.

End of life care and support

- At the time of the inspection one person was receiving end of life care. Although the care the person received was dignified and effective, care records we looked at did not contain details about people's end of life wishes. This meant people's wishes, values and beliefs might not be respected at the end of their life.
- The registered manager recognised this was an area they needed to focus on as part of their work to review and update people's care records.
- Where required staff worked with other health care professionals such as GPs to make sure people were comfortable at the end of their life.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and felt confident if they did make a complaint it would be dealt with appropriately by the registered manager. One person said, "If I had a complaint I'd ask to see the manager. They definitely act on things."
- The provider had a complaints process in place and any complaints received were investigated and a

response provided to the complainant. This response included any actions taken to improve the standards of care at the home.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

- At our last inspection in April 2018 we rated the service under this key question as, 'Requires Improvement'. The systems in place to check the safety and quality of the service were not consistently effective. At this inspection we found although some progress had been made, further improvements were still required and the rating remains Requires Improvement.

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

- The registered manager used a range of audits to identify any shortfalls in the quality of the service. With support from the provider they had implemented a 'Home Improvement Plan' which included an action plan to improve the quality of the service provided to people.
- However, recent audits of care records had not always been effective as checks completed had not identified care records were not always consistent. They had also not identified the concerns found during the inspection relating to the Mental Capacity Act and decision making. While the inspection identified that improvements were on-going, there was a risk that if robust records were not in place, this could impact on people's health, safety and well-being.
- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in the entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was open and honest about the challenges they faced within the service and how they were going to manage these.
- Staff spoke positively about the registered manager and said they felt supported in their role. They told us they were happy to approach the registered manager with any queries or concerns and felt things would be treated in confidence.

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

- People and their relatives had the opportunity to express their views about the quality of service provided. For example, resident and relative meetings.
- The management team were available if people or relatives needed to talk with them.

- Staff had regular meetings with the management team and received supervision and feedback about their role.
- Relatives told us they felt the service had improved since the arrival of the registered manager and viewed the changes they had made as positive.

Continuous learning and improving care

- The registered manager had developed an action plan to improve the quality of care provided.
- They were open about where improvements were needed and had recently recruited additional management support; to enable better support for staff, particularly at weekends.

Working in partnership with others

- The registered manager and staff worked well with other healthcare professionals.
- Where appropriate, relatives were involved in the care planning process and involved in giving guidance to staff about people's preferences.