

St. Matthews Limited

Maple Leaf House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Maple Leaf House is a nursing home which provides care for up to 30 people. This includes older people, younger adults and people with mental health conditions including dementia. On the day of our visit there were 28 people living there.

At the last comprehensive inspection on 25 February and 1 March 2016 we identified two breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to medicine management and governance. As the provider had not complied with the required standards, we issued them with a warning notice in relation to medicines and asked them to improve. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Maple Leaf House' on our website at www.cqc.org.uk, the service was rated. ' At that inspection we rated the home as "Requires Improvement"

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. We undertook a focused inspection on the 19 July 2016 to check that they had followed their plan and to confirm they now met the legal requirements. We found the improvements needed to ensure the safe management of medicines had been made. Following this focused inspection the rating of the key question "Safe" was changed from "Requires Improvement" to "Good" however the overall rating of the home remained as "Requires Improvement."

At this inspection we found that improvements had been made and sustained and the provider was now meeting the legal requirements.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Following our inspection the registered manager left the home to work for another home owned by the provider. At the time of writing the report a new manager is in the process of registering with us.

The home provided safe care for people who lived at Maple Leaf House. There were enough skilled and knowledgeable staff on duty to meet people's needs and staff were deployed effectively to support safe care. The provider undertook comprehensive checks on the suitability of prospective staff to work at the home.

Staff had received training which gave them the knowledge and skills they needed to provide effective care. Staff had a detailed knowledge and understanding of people's needs which further supported their training and helped to provide personalised care.

Some of the people who lived at the home lived with dementia. Staff knew how to support people with

dementia well. They understood the importance of accepting the person's reality and working alongside it, providing re-assurance and support. Staff also understood the importance of gaining people's consent before undertaking any task on their behalf, or before supporting a person with that task.

People were happy, settled and demonstrated positive relationships with staff. Relatives and visitors told us they were welcomed when they visited.

People enjoyed the meals provided and had a range of choices throughout the day. The meal time experience was a pleasant occasion. People were offered a range of drinks throughout the day so they were not thirsty.

People had a range of activities to engage them during the day and the registered manager at the time of our inspection was working with an external company to improve on the activities offered.

Staff were alert to risks associated with people's care. When people required the support of healthcare professionals, the home's staff ensured they were referred in a timely way. Staff acted on the advice of the healthcare professionals involved in people's care.

Staff felt well supported by the registered manager at the time of our inspection and their senior team. They received individual support, an induction and training to provide them with skills and knowledge needed for their roles. Staff felt able to speak with the management team if they had any concerns. The registered manager at the time of our inspection felt well supported by the provider.

Staff and the management of the home worked well as a team. The registered manager at the time of our inspection listened and acted on any areas of concern raised by people or their families. They asked people and their relatives to complete questionnaires about the quality of care, and responded to any areas people were not as satisfied with. The registered manager at the time of our inspection demonstrated a real passion for improving the quality of care people received at Maple Leaf House .

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.

Risks to people's health and safety were assessed and staff knew about risks associated with people's care. Medicines were managed and administered safely. There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff completed on-going training to improve their skills and knowledge to ensure people's needs were met effectively and consistently. This included the development of skills in meeting people's physical nursing needs. People were offered choices of meals and enjoyed the food provided. People were supported to eat meals when needed. Staff gained people's consent before supporting them. People's mental capacity had been assessed and when appropriate DoLS applications had been made to the local authority to ensure people were not inappropriately deprived of their liberties or placed at risk of improper treatment.

Is the service caring?

Good ●

The service was caring.

People and relatives were positive in their comments about the staff and told us they were caring. Staff were caring in their approach and interacted well with people. People responded positively to staff interactions and staff ensured people's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

Staff provided care to people in accordance with their wishes and preferences. Information about people's preferences was recorded in support plans and staff had a good knowledge of each person. This supported staff to deliver person centred care. People told us they enjoyed the social activities provided and the manager was taking action to improve the range of personalised activities offered. People felt they could approach staff with any concerns and records of complaints showed they had been managed and resolved effectively.

Is the service well-led?

The service was well led.

The provider had developed quality assurance procedures to monitor the on-going quality of care and services. This supported the registered manager at the time of our inspection to complete checks the quality of care provided. When areas of improvement were identified, an action plan was created and a timescale set to complete it in. Staff were positive about the registered manager at the time of our inspection and told us they felt supported in their role.

Good 

Maple Leaf House

Detailed findings

Background to this inspection

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

We undertook a comprehensive inspection to Maple Leaf House on 14 June 2017. This inspection was unannounced.

The inspection was carried out by two inspectors, a mental health inspector, one nurse who specialised in dementia care and an expert by experience. An expert by experience is a person who has experience of the type of service we are inspecting.

Before the inspection, we reviewed all the information we held about the provider. This included information in the Provider Information Return (PIR) and Statutory Notifications received from the provider. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with local authority commissioners who funded the care for some people at the home. They told us they did not have concerns about the care people received.

Prior to our inspection we received information from a whistle blower which raised concerns about how people were supported by staff. A whistle blower is a person who works for a service and informs an authority of wrong doing. During our inspection we did not find any evidence of the concerns reported by the whistle blower.

Following our inspection visit we were informed of an incident that was being investigated by the local safeguarding team following an injury to a person who lived in the home. At the time of publishing the report the outcome of the safeguarding investigation has not been decided.

During our visit, we spoke with the registered manager, and 13 members of staff including care workers,

nursing staff and the cook. We spoke with eight people who lived at the service and six relatives .

We observed how staff interacted with people and reviewed care records for 11 people. We also looked at other records such as medication records, a staff communication book, recruitment files, complaints records and quality assurance records including meeting notes.

Is the service safe?

Our findings

At our inspection in February 2016 we found that the risks associated with medicine management were not being identified resulting in medicines not being safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2014 Safe care and treatment. The provider sent us an action plan of how they would improve this and we returned to check that improvements had been made in July 2016. We found the improvements needed to ensure the safe management of medicines had been made.

At this inspection we found that improvements had been sustained and medicines were managed safely. A person told us, "I am on medication twice a day and take painkillers 4 times a day, staff always give them on time." Medicine care plans were in place for each person with information about the person's medicines, health condition and allergies. They also contained information about how people preferred to take their medicines.

Care plans for medicines given 'as required' were also in place for each person and included details of how a person who was 'non-verbal' could indicate they needed their medicine. For example, a person's care plan said if a person became tearful this could indicate they were in pain. We saw one person being offered their 'as required' medicine. The staff member said, "How are you feeling this afternoon? Would you like some pain killers?" They took their time with the person and offered them a drink.

The medicine administration records had been completed correctly for all medicines we reviewed, this included records for stronger medicines which required tighter controls and recording. We saw all medicines had been stored in line with manufacturer's guidance.

Many of the people who lived at Maple Leaf House had complex mental health needs as well as physical health care needs. This meant we were limited in what we could discuss with them about their experiences within the home.

People we spoke with told us they felt safe with the staff. One person said "If I need help I press my call bell and staff always come quickly." Relatives we spoke with told us they felt people were safe because improvements had been made. This included having a new registered manager in post who they felt "genuinely wants the best for each person here" and this ethos had resulted in changes amongst the staff.

Staff knew the potential individual risks each person had in relation to their care and worked well as a team to reduce the risks of people being placed at harm. We observed one person became aggressive towards staff. Staff stayed with them and offered reassurance until they were calmer. Staff had a good understanding of people's care and support needs. Staff told us of how they supported people to keep both the person and others safe. The information they gave us was accurate with information that was in people's support plans.

Overall there were enough staff on duty to keep people safe. Most people and relatives felt there were enough staff to keep people safe, although one relative thought at nights there were times when this was

not the case. Staff told us there was usually enough of them on duty to keep people safe. They felt there were only staff issues if a staff member phoned up at the last minute to say they couldn't work their shift. The registered manager at the time of our inspection told us that if this happened they would contact other members of staff or agency staff to cover the shift.

We spent time in communal areas during our visit, and we saw staff deployment as well as staff numbers contributed to safety. For example, there was usually at least one member of staff in the communal lounge/dining areas who was available to support people if the need arose.

The provider's recruitment procedures contributed to people's safety. Staff were not recruited to Maple Leaf House until their DBS (Disclosure and Barring Service) checks or references had been received. These were then checked to ensure the person had no prior history which would mean they were unsuitable to work with people who lived at the home. A member of staff said, "I had an interview, DBS check and references, I couldn't start until after they came through."

Staff understood how to safeguard people from abuse. They knew the organisation's policy in relation to safeguarding and said if they were ever concerned that someone was being abused they would immediately report it to their senior or a manager. Members of the management team at the home were clear about their responsibilities to inform the local authority safeguarding team and the CQC if there were any concerns about people's safety. This meant potential abuse could be appropriately investigated.

The home was well maintained and records demonstrated that there were regular checks for fire safety, gas and electric safety, water safety and to make sure the equipment used was safe. It had been identified by staff that the carpet in one bedroom needed replacing and this was being arranged. Evacuation procedures were displayed throughout the building and people had individual evacuation plans to help fire and rescue services evacuate the premises if the need ever arose. Staff were knowledgeable of the evacuation procedures and their roles and responsibilities should an emergency occur.

Is the service effective?

Our findings

During our visit staff demonstrated they were skilled and knowledgeable. They had received training to support people safely. One relative told us "The staff are very well trained here, [Name] has lived at four or five different services but this is the best they've been to." A member of staff told us "Our training levels are very good. Staff are monitored in how they work with patients."

Staff had received training to support them in working with people who could present with behaviour that may challenge. One member of staff said "We use [named training book], we have supervision about challenging behaviour." They went on to tell us about a time where a person had displayed behaviour that challenged and it was clear that they had a good understanding of how to support the person at that time. They added, "We reassure people and de-escalate the situation." Staff told us that they were trained in PAMOVA restraint techniques but that it was rare and a last resort that restraint was used. Care records included personalised information of how to de-escalate situations for each person. We saw staff successfully using these de-escalation techniques when one person became agitated during our visit.

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.

Some people who live at Maple Leaf House were living with dementia. Each person had been assessed to determine whether they could make complex decisions or whether these needed to be made in their best interests. Information in care plans told us that staff were aware of day to day decisions people were still able to make for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager at the time of our inspection informed us that applications had been sent to the supervisory body responsible for authorising DoLS for all people in the home whose liberty had been deprived. They were waiting for authorisation. Care records contained copies of the applications sent.

Staff had a good understanding of the principles of the MCA. They knew to assume a person had capacity to make a decision unless proven otherwise. During our visit we continually saw staff check with people they consented to the actions the staff member was proposing. For example, "You look a bit tired, would you like to go and lie on your bed for a little while."

We saw a member of staff start to open the window of a communal room and asked if people minded. One

person said they did, and the staff member immediately shut the window again.

A member of staff told us, "When asking for consent if I don't think someone understands me I will ask in different ways, using symbols, gestures or objects to help them understand."

New staff were provided with an induction period, and worked towards the Care Certificate as part of their induction. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. Staff were also supported to achieve diplomas in health and social care, and qualifications to support them with specific areas of care. For example, a member of staff told us they had completed an NVQ level 2 in health and social care. Staff told us they worked alongside other staff for two weeks when they first started working at the home and this gave them time to get to know people well. The registered manager at the time of our inspection told us that additional specialist training was being planned for staff which would be personalised to individual people, for example specific training on how to support people with schizophrenia.

People and relatives told us they liked the food provided. One person told us, "Food is lovely. Better than I had off Mum at home. They try their best at everything. I get enough to drink; I go and help myself if I want a drink but there are staff always asking and offering help." One relative said, "Food is good, they eat very well here and [person] has in fact put weight on since they have been here." Another relative said "The food is good quality. The staff saw that my relative was not eating and suggested smaller portions and that has helped."

We saw lunch provided to people. We saw most people enjoyed their meal and people were offered a choice of meals. The cook had good knowledge of dietary needs, at the time of our visit no one had religious or cultural needs however some people required pureed food or meals containing low levels of sugar. The cook told us "We have a three week menu which is rotating and a summer and winter menu. People have two choices for each meal, also desserts. Staff feedback to me about preferences and I incorporate those into future menus." They went on to say "One person loves mashed potato and will come and ask and we save some for her. The more independent people knock the door if they want something in particular."

People had access to healthcare when needed. A person told us, "I can see my GP at any time I need to see them." A relative praised how quickly staff referred any health concerns to healthcare professionals, they told us "Last week my relative was having problems eating and the GP was contacted straight away. I go on all the medical appointments with my relative and the home organise the transport."

Is the service caring?

Our findings

People and relatives we spoke with gave positive feedback about the care provided by staff. One person told us "Staff are brilliant and very caring. They cope really well. There is always someone there if I need something." Another person told us "Staff treat me good, they are very caring. There are some good staff here." One relative told us "Carers are very good to them [people] and recognise if they are distressed by anything very quickly. One of the carers usually plaits my relative's hair which they really like." Another relative explained how they had seen an improvement in the care provided. They told us, "My relative came here from a home that was being closed. This home was just being extended and my relative came here. The care at the beginning was not so good and I was concerned but the care has improved over the last year."

We saw and heard staff being very helpful and considerate to people. For example, they said to one person, "Shall we put your slippers on so your feet don't get cold. We saw another member of staff was attentive to people's needs. One person said they needed the toilet and immediately the member of staff supported them to use the toilet.

Staff understood the importance of promoting people's dignity. One member of staff told us "With personal care we close the door and curtains; we would cover the person with a towel." During lunch a member of staff notices that one person's trousers were sliding down, they told the person and then helped them adjust their trousers in order to maintain their dignity.

Staff knew the people who lived at the home well and treated them with kindness and consideration. A relative told us "Staff are lovely, not many new staff so they know my relative and they give super care." Staff were able to tell us about people's individual preferences and personal histories. One member of staff told us they enjoyed time spent with the people who lived at the home. They went on to say "We have times we can sit and chat with people, have a one to one; I had a coffee with someone this morning."

Staff told us they enjoyed working at Maple Leaf House. One member of staff said, "There is a nice group of staff. They are consistent." And another told us "I think everyone cares for the residents. If it wasn't like this I would be gone."

Friends and relatives were able to visit the home at any time during the day and evening. During our inspection visit there were visitors to the home. A relative told us, "We can come and visit our relative whenever we want and we feel welcomed by the staff."

Is the service responsive?

Our findings

Staff had spent time with people and their families to get to know the person, and this information was recorded in people's care plans. Each person had a 'life history' with information about the person. There was also information about a person's likes and dislikes. A relative told us, "They know my relative really well and what they enjoy."

A relative told us their relation's dementia had progressed since the person had arrived at the home, and the person's behaviour had become more challenging. They told us, "The staff have been great, they've supported [Name] and helped us to understand the changes too."

People and relatives were involved in care reviews, we saw that one person did not have capacity to make decisions about their health care and did not have relatives to support them. The registered manager at the time of our inspection had made a referral to an advocacy service to support them. An advocate is a person who will ensure that the opinions and preferences of the person are included when decisions are made.

The provider had used research to make sure there was appropriate signage in the home, and used colour to help people with dementia recognise and see equipment. For example, taps were colour coded red and blue to help people identify hot and cold water.

People told us they enjoyed the activities organised by the home. One person told us they enjoyed going out for meals and they were supported to do this each week. Another person said "I get out once or twice a week. I go to see my family which is great as we go out for meals. There are lots of activities going on in the house but I don't bother with them, I just lie listening to music in my room." Another person told us "I play Bingo, go for walks and that is enough for me."

The registered manager at the time of our inspection had identified that the activities offered were not personalised to individual interests and had signed up to a new activity programme called "Oomph Wellness." They told us that this programme helped to develop personalised and meaningful activities for each person. To support this, an activity co-ordinator was employed at the home.

People's bedrooms were clean and people were encouraged to decorate them to suit their preferences.

We looked at how the service promoted equality and diversity. At the time of our visit all people who lived at the home were white British and identified as heterosexual. The registered manager at the time of our inspection told us they were responsive to all people who came to the home, and would support their individual cultural, religious, gender and sexuality needs.

The registered manager at the time of our inspection listened to the views and opinions of people, staff and relatives. Community meetings were held monthly where people who lived in the home could raise any issues or suggestions for improvements. We looked at the minutes of meetings and saw people had discussed cleanliness in the home and personal responsibility of keeping areas such as the smoking area

tidy. A relative told us, "We get regular questionnaires and they do inform us of improvement when they make them." We viewed the results of the most recent questionnaire which was overall positive. We saw that not everyone felt included in planning their care and the registered manager at the time of our inspection had taken steps to improve involvement, for example referring to advocacy services.

People and relatives told us they were confident about raising complaints. One relative told us " I have had some niggles and I have taken them to management and they have been resolved, one issue was regarding my relative's clothes and the home has got a full time laundry person in now which has resolved the matter." There had been seven complaints raised since our last inspection visit. We found the registered manager at the time of our inspection had taken all complaints seriously and responded to both verbal and written complaints in line with the provider's complaint policy and procedure.

The service had also received compliments about the care and improvements made in the home. These included "You have given exceptional care and consideration" and "You have cared for [Name] better than any other place."

The registered manager at the time of our inspection told us they encouraged people and relatives to raise concerns. They embraced an open culture where people could speak without repercussions, and told us the management team walked around and completed spot checks every day; this helped to identify if there were any concerns with care for people who could not raise their own concerns.

Is the service well-led?

Our findings

At the time of our last inspection in February 2016 the provider was in breach of Regulation 17 Health and Social Care Act Regulations 2014 Good Governance. The provider did not have suitable systems and processes to monitor and improve the quality and safety of services provided. There were also insufficient systems to manage risks related to the health, safety and welfare of people and records were not always sufficiently detailed and accurate to support safe and appropriate care.

Following our inspection in February 2016, we met with the provider and others of their management team who would be undertaking the improvements at Maple Leaf House. They provided us with an action plan telling us how they would improve. We carried out this inspection to ensure sufficient action had been taken to make these improvements.

At this inspection we found that improvements had been made to the governance within the home and the provider was meeting their legal requirements.

To help with their quality assurance processes, the provider expected the registered manager and his team to carry out a range of checks on different aspects of service delivery. These included medicine checks, care plan checks, and analysis of accidents and incidents. Checks were recorded on an electronic system which helped to identify any trends or patterns. The electronic programme also calculated compliance values for example with staff training attended and this helped to identify where improvements were required.

We saw that in May 2017 the registered manager had identified that support plans did not contain sufficient information and had created an action plan to update each support plan. This had been completed by the time of our inspection visit.

The registered manager at the time of our inspection was supported by a regional manager who visited each month and undertook their own internal inspection of the home. Any actions identified had an action plan to ensure improvements were carried out in a timely way. They colour coded the inspections with a colour code of green, meaning the home had met their quality standards, amber meaning improvements were necessary, and red which demonstrated the quality was poor. The provider had previously found improvements were necessary, but had recently colour coded Maple Leaf House as 'Green'. This was reflective of what we saw during the inspection visit.

Since our last inspection the home had recruited a registered manager. They became the registered manager of the service in May 2017. Following our inspection the registered manager left the home to work for another home owned by the provider. At the time of writing the report a new manager is in the process of registering with us.

We received positive feedback about the management of the home. People and relatives told us that the registered manager at the time of our inspection was approachable and was passionate about making improvements to the care provided.

It was important to the registered manager at the time of our inspection to provide good quality care to people. The registered manager at the time of our inspection told us "This home hasn't had the best of starts but I hope that I can continue the improvements we've made to make sure everyone who lives here receives the best care possible." This ethos was shared by all the staff who worked at the home. All the staff were enthusiastic in their desire to provide the best quality of care to people. They told us they enjoyed coming to work at the home. One staff member told us that they thought the registered manager at the time of our inspection was friendly and supportive.

The registered manager at the time of our inspection operated an 'open door' policy where people, relatives or staff could go to them at any time to talk about any issues or concerns. We saw they were involved in the day to day operations of the home and spent time supporting staff during the day. Staff told us that the registered manager at the time of our inspection spent time around the home each day which helped people to recognise them and check that people and staff were happy.

Staff also received support through team meetings. All staff groups met with the registered manager at the time of our inspection to discuss the running of the home, areas of concern and areas for improvement. We looked at the meetings minutes and saw the emphasis placed on quality of care and making sure people received a good service.

The registered manager at the time of our inspection told us that he had started holding "flash meetings" every morning with nursing staff and carers. These meetings were to inform of any changes in care needs, medication or behaviour for people in the home. He went on to tell us that the meetings also enabled staff to plan for events occurring that day, for example health care appointments, activities and visits. The registered manager at the time of our inspection also used these meetings to allocate care records to nursing staff that required reviewing.

The registered manager at the time of our inspection understood their legal responsibilities to notify us of incidents which affected the health and well-being of people who lived at the home. The provider also had a legal duty to publicise their inspection rating both in a visible area within the home, and on the provider's website. We found the previous rating was in a visible area to people who lived in, and visited the home and on the provider's website.