

Mapleton Care Group Ltd

# Mapleton Court 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mapleton Court is a care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can support up to 60 people in three adapted buildings. At the time of this inspection there were 34 people living at Mapleton Court in two of the adapted buildings.

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

Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff deployed to help people keep safe. There were systems in place to recognise and respond to any allegations of abuse. Medicines were stored safely and securely. There were effective systems in place to ensure people received their medicines as prescribed.

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 enjoyed the food served at Mapleton Court and were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services as required

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through meetings, supervisions and an annual appraisal.

The service was well-led. The registered manager and area manager were responsive to any issues raised. People, their relatives and staff were asked for their opinion of the quality of the service via regular meetings and annual surveys. There were effective systems in place to monitor and improve the quality of the service provided. The service had policies and procedures which reflected current legislation and good practice guidance.

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 requires improvement (published 21 October 2019) and there were two breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 September 2019. Two breaches of legal requirements were found regarding the need for consent and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement 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 Mapleton Court 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?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service well-led?

Good ●

The service was well-led.

# Mapleton Court Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had followed their action plan and to confirm they now met legal requirements in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection team was made up of two inspectors.

#### Service and service type

Mapleton 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.

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

We gave the service 24 hours' notice of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who lived at Mapleton Court about their experience of the care provided. We met with the registered manager and area manager. We spoke with six members of staff.

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 talk with us.

We looked around the building to check environmental safety and cleanliness. We looked at written records, which included four people's care records and four staff files. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing policies and procedures, training data and quality assurance records.

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

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

At our last inspection we found the new provider had only recently introduced systems to continually assess risk and monitor the quality and safety of the service. This 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's care records contained risk assessments. The level of risk to a person was identified and reviewed regularly. We saw these assessments contained information and guidance for staff on how to reduce any identified risks.
- Accident and incidents were recorded at the time and immediate action taken to mitigate risks. The registered manager analysed accidents and incidents every month to identify any themes or trends. This information was then used to help reduce the risk of further incidents occurring.
- Risks to people in the event of a fire had been addressed. There were regular checks of firefighting equipment. Staff took part in fire drills.

Using medicines safely

At our last inspection we recommended the provider and registered manager consider best practice guidance administering medicines and act to update their practice. The provider and registered manager had made improvements.

- Medicines were received, stored, administered and disposed of safely.
- Senior care staff took responsibility for managing people's medicines. They had received appropriate training and their competency in this area was regularly checked.
- Some people were prescribed medicines on an 'as required' basis (PRN). Where a person lacked capacity we saw there was clear guidance for staff on when the person may require a PRN medicine. However, there was not always PRN guidance for people with capacity. The registered manager and area manager agreed to implement this straight away.

Staffing and recruitment

At our last inspection we recommended the provider and registered manager consider the comments made by people, their relatives and staff when calculating staffing levels and the deployment of staff during busy

times. The provider and registered manager had made improvements.

- There were enough staff employed to help keep people safe. The registered manager completed a staffing dependency tool to calculate staffing levels each month. The tool was based on current occupancy levels and the assessed needs of each person living at the service.
- Staff confirmed staffing levels had improved since our last inspection. Comments from staff included, "I don't think there's a problem with staffing [levels]. We do get chance to know each other well", "At a certain point during the [Coronavirus] pandemic levels seemed to dip a little bit, but I know managers are interviewing for more staff, and now levels are right" and "It's alright [working at Mapleton Court], bit demanding some days, but yes I think there's enough staff."
- The process of recruiting staff was safe. Staff personnel files contained enough information to help ensure people employed were of good character.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Mapleton Court. One person said, "Yes [I feel safe], I'm being looked after. Girls [staff] are beautiful, really nice"
- Staff had received training on safeguarding vulnerable adults and were able to tell us what they would do if they suspected abuse had taken place. Staff were aware of the provider's whistleblowing policy. Comments from staff included, "Oh yes, I know all about whistleblowing and safeguarding from when I did the training first off. So, yes, if I saw anything I'd say" and "There are regular checks on staff and residents, there are alarm systems in place, I know I can leave this place and know the residents are safe with my colleagues."
- The registered manager kept a record of all safeguarding concerns and any action taken. This information was analysed to identify any themes and lessons learnt.

Preventing and controlling infection

- The premises were clean and well maintained. Following a recent infection prevention and control audit the area manager told us there was a schedule of work in place for the exposed pipework in the bathrooms to be boxed in.
- Staff had received training in the appropriate use of personal protective equipment (PPE) and their competency in the area was checked by the managers. Throughout the day of this inspection we saw PPE was worn correctly.
- As a result of the Coronavirus pandemic additional actions had been taken to further reduce the risk of the spread of infections. Staff were allocated to work in only one of the two units. New procedures had been implemented to restrict access to internal communal work spaces, such as the kitchen.



# 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.

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

At our last inspection we found the care and treatment of service users was not always provided with the consent of the relevant person. This was a breach of Regulation 11 (Need for consent) 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 11.

- The registered manager and area manager had made appropriate applications to the local authority for DoLS authorisations and kept a track of which stage of the authorisation process a person was currently at.
- Care staff told us they had received training on mental health and dementia. Training records confirmed care staff had received this training. Care staff understood the principles of the MCA. Staff told us they asked for consent before providing any care.
- People's care records contained consent to care documents. We saw records showing best interest meetings had taken place when significant decisions needed to be made for a person lacking capacity. For example, where there was a need for potentially restrictive interventions, such as bed rails.
- The registered manager told us they assessed people's care and support needs before they moved to Mapleton Court to ensure they could provide an appropriate service.
- Assessments of people's care and support needs were person-centred. We saw people's care records contained detailed information for staff on how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to carry out their jobs effectively. Staff told us they had an induction to their jobs. This included mandatory training and shadowing more experienced members of staff.
- Staff undertook mandatory training in key areas, such as moving and handling. Training was delivered via a mix of eLearning and face to face classroom style training. The registered manager told us additional training was also provided, such as advance care planning training. Staff confirmed this. A member of staff told us, "We [staff] do online and face to face training. We had face to face [training] both from outside [provider], such as oral hygiene and then [names of registered manager and area manager] have given training, for things like PPE."
- Ongoing support was also provided to staff through supervision and yearly appraisals. The supervision records we looked at were about learning from specific incidents rather than an opportunity for a staff member and their manager to discuss their work objectives and wellbeing. However, the area manager told us all staff had a recent wellbeing check and there were plans for this to continue.

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

- People enjoyed the food and drinks served at Mapleton Court. Comments from people included, "They look after us here, they're really good girls [staff]. Whatever we're getting for dinner it'll be good, I'm always full" and "Beautiful food, lots of drinks, they [staff] know how I like my tea"
- The lunchtime service was a pleasant and calm experience. The food looked good and smelt appetizing. Staff were attentive to people's need. Support and encouragement to eat was given to people where required.
- Staff were knowledgeable about people's dietary requirements. We saw guidance was available to staff on how to prepare meals for specific diets. For example, where a person required soft foods to reduce the risk of choking.

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

- The care records we looked at confirmed people were supported to access a range of health and social care professionals. Contact details were included in people's care records.
- Any changes to a person's care and treatment needs were shared with staff during handover meetings between shifts.

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

- The premises were suitable for people living with dementia. There was clear signage for communal areas to aid orientation. People's photographs and names were on their bedroom doors. There was a large display of photographs of all the staff, alongside information about them.
- The corridors were decorated with displays to aid reminiscence, such as photographs of old movie stars and a replica of an Oscar award on the corridor aptly named Hollywood Avenue.
- The premises and gardens were accessible for people with mobility difficulties.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 we found the provider had failed to identify where safety and quality was being compromised. This 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.

- The registered manager had effective quality assurance and governance systems in place to assess the safety and quality of the service. For example, there were quarterly audits of safeguarding and complaints trends analysis. We saw any issues identified were recorded and acted upon.
- The registered manager and area manager held a daily meeting with the heads of each department, including senior care staff. Staff told us they felt this was useful. A member of care staff told us, "We have a daily meeting, all seniors go to one, then senior reports back to us, the seniors tell us what we need to know."
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. One member of staff told us, "We have better policies and procedures now, we have a meeting most mornings, we know what's happening and what we are doing."
- Maintenance checks of the premises were regularly undertaken with satisfactory outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led. People and staff told us the registered manager was accessible and approachable. The registered manager had an 'open door' policy which meant anyone could talk with them any time. The registered manager encouraged people to come and ask questions. Comments from staff included, "I can talk to [name of registered manager] about anything" and "[Name of registered manager] is always approachable. The standards here are a lot better now"
- Staff told us they enjoyed working at Mapleton Court and would recommend the service to friends and family if they needed this type of care and support. Some staff told us they had relatives who came to Mapleton Court to live or for respite care.

- There was an open and positive culture. Staff told us they felt part of a team and were valued by the registered manager and their colleagues. Comments from staff included, "It's a nice home, both units have lovely staff all willing to help each other, we do everything together, if someone is stuck they help, it's such a good set of staff" and "The residents are the best thing about working here, they are all lovely, all staff come together as a team, we all work together, they are like a family to me."

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 understood their responsibility to act on the duty of candour. They gave an example of writing to relatives when something goes wrong that appears to have caused or could lead to significant harm in the future.
- The registered manager was aware of their obligation to submit notifications to CQC line with the Health and Social Care Act 2008.
- The provider continued to ensure the ratings from their last inspection were clearly displayed on the premises.

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

- There were systems in place to ask people and staff for their views on the service so they could continually improve. The registered manager had meetings with people and staff. We saw minutes of these meetings taking place.
- The provider sent out an annual satisfaction survey to people, their relatives, staff and visiting professionals. The results of the most recent surveys were mainly positive. Where issues had been raised they had been addressed. For example, out of seven responses six people agreed 'the home seeks my views on things that affect me', however one person disagreed with this statement. The provider responded stating, 'We are holding regular service user meetings to explain to service users our intentions, how we hope to develop the unit, give choice and input into the running of the home. We urge service users to attend our meetings and have their say for consideration.'
- Staff told us they felt listened to. Comments included, "I feel well communicated with, we are now having meetings each morning, managers and staff pass any concerns on, if we had any concerns through the day the managers are easy to get in touch with" and "Yes, I feel listened to."

Working in partnership with others

- The registered manager and area manager worked in partnership with Barnsley Metropolitan Borough Council and Barnsley Clinical Commissioning Group.
- Staff were working hard to develop and maintain good working relationships with visiting health and social care professionals.