

Churchgate Healthcare (Maples) Limited

Maples Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 26, 27 and 28 August 2015 and was unannounced. Maples Care Home is a large residential and nursing home which provides nursing and residential care and support, dementia care and respite services for up to 75 older people. There were 41 people using the service during this inspection. There were three units in the home, one provided nursing care, another provided care for people living with dementia and a third unit that provided support and care for people with behaviour that requires a response.

There was a registered manager at the home but we understood they had left the home in September 2014 and had not yet deregistered as the manager. CQC is working with the provider to ensure this process is completed.

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

Summary of findings

and associated Regulations about how the service is run. There was a new manager at the home at this inspection, who was in the process of submitting an application to become the registered manager for the home.

At the last inspection on 7, 8 and 9 April 2015 we found multiple breaches of regulations and the home had been rated Inadequate overall and was placed in special measures. This meant we kept the service under review and planned to re-inspect within six months of the last inspection.

We took enforcement action in respect of staff training, arrangements for consent and protecting people and arrangements for infection control and issued three warning notices. We asked the provider to take action to make improvements in these areas by 31 July 2015. We also made requirement actions in respect of meeting people's nutritional needs, showing dignity and respect to people, person centred care, complaints system and quality assurance processes. The provider sent us an action plan in respect of the breaches found and we carried out this inspection to ensure the warning notices had been met and action identified as required in other areas was progressing.

At this inspection on 26, 27 and 28 August 2015 we found there had been some improvements made in most key questions. There was a new manager at the service at the end of May 2015 and a new owner of the service from the beginning of July 2015. Some changes had been made; the provider had taken action to address the concerns in the three warning notices and some of the requirement actions made following the last inspection had been met. People and their relatives told us they felt some things were improving although they were unhappy with the rate of change. This provider is in special measures. This inspection found that there was not enough improvement to take the provider out of special measures.

CQC has taken further enforcement action and is now considering the appropriate regulatory response to resolve some of the problems we found. The key question Safe remains rated as Inadequate although the service is now rated overall as Requires Improvement. We will report on some of the action taken at a later date. We are closely monitoring the service and require the provider to submit information on a regular basis to assure us of the safe running of the service.

Risks to people were not always identified such as risks from medical conditions or risk to skin integrity. Medicines were not safely managed or administered. We have taken enforcement action in respect of these concerns and you can find the details of the action we have asked the provider to take at the back of the full version of this report. CQC is currently considering other appropriate regulatory responses to address the other breaches found at the inspection in respect of safe care and treatment. We will report on this at a later date.

While people told us they felt safe and some safeguarding alerts had been raised appropriately systems to identify and protect people from abuse or neglect were not consistently followed. You can see the action in respect of safeguarding adults we asked the provider to take at the back of the full version of this report.

There were safe recruitment processes in place and enough staff to meet people's needs. Staff knew what to do in an emergency. The service was clean and there were adequate measures taken to reduce the risk of infection. Arrangements were in place to comply with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These protect people who may not have the capacity to make some decision or may need their liberty restricting for their own safety. Staff received training the provider considered mandatory and regular supervision and told us they felt supported. People had access to health care professionals when needed and were protected from the risk of malnutrition and dehydration.

People told us they were involved in their care and that permanent staff were caring and kind but some night and agency staff less so. They told us they felt their privacy and dignity was respected and we observed this to be the case at the inspection. We found there was evidence of some good quality care and support but also observed instances of poor care.

People's needs were not always identified in their care plans and there was not always guidance for staff to follow. People's need for stimulation and interaction were not consistently met and we received mixed feedback about activities provided. The provider had recently recruited a new activities organiser and had plans to improve the quality of the activities on offer. People knew how to make a complaint.

Summary of findings

People, their relatives and staff were complimentary about the new manager and said they were visible and approachable. However, they felt the pace of change was too slow. There was an absence of senior staff to support, lead and encourage improvements to be maintained. There were systems to monitor the quality of the service

and drive improvements but these had not identified the issues we found. However the provider was in the processes of reviewing the quality assurance system although we were unable to judge the effectiveness of changes at this inspection.

Summary of findings

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 not safe.

Medicines were not safely managed or administered. Some risks to people were not assessed and plans were not in place to reduce these risks. Other risks to people were assessed and managed. Safeguarding procedures to protect people from harm were not always followed.

There were safe recruitment processes in place and staff knew what to do in an emergency. There were enough staff to meet people's needs. The home was clean and there were adequate measures to reduce the risk of infection.

Inadequate



Is the service effective?

The service was not consistently effective.

Recommendations from health professionals about people's dietary needs were not always recorded in their care plan as a guide to staff.

People were asked for their consent before they received care and arrangements for seeking authorisation for DoLS when needed were in place. Arrangements for the recording of some decision specific choices needed some improvement and the service was working with the local authority in relation to this.

Staff received regular training across areas the provider considered mandatory. Arrangements for the training of new staff had been improved. Staff received regular supervision and support.

Requires improvement



Is the service caring?

The service was not consistently caring.

People told us that permanent staff were kind and caring but that other staff were less so. We observed some thoughtful and considerate interactions between staff and people and the atmosphere at times was welcoming and warm. At other times we observed staff did not check for people's preferences.

People and their relatives told us that regular staff treated them with dignity and respect. They told us they were consulted about their care although not everyone had yet had a recent review of their care plan involving them and their relatives where applicable.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

Some people told us that their care was personalised and met their needs. However some people's care needs were not always identified and there was not always guidance for staff to follow. People's need for stimulation and interaction were not consistently met although the provider had recently recruited a new activities organiser.

People were aware of how to make a complaint and the provider's policy and process was displayed. Prior to the new owner taking over, complaints had not always been dealt with promptly and in line with the policy of the service. Since then complaints had been managed in line with the provider's policy.

Is the service well-led?

The service had not been consistently well- led.

There was a new manager and new owner whom people and relatives found was making a difference; although they felt the changes were not occurring quickly enough. Staff had confidence in the new manager and said they were making improvements. There was an absence of sufficient senior staff to drive and maintain improvements although plans were in place to address this.

People's views about the service were sought and areas of action identified for improvement. These needed the presence of more senior staff to be consistently implemented.

There had been an independent audit to identify areas for improvement. Some audits were completed that identified areas to address and actions taken were recorded. However other audits that had been put in place following the last inspection had not been completed regularly such as the medicines audits. These failed to identify the issues we found.

Requires improvement



Maples Care Home

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.

This inspection took place from 26 August 2015 to 28 August 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. There were two inspectors, a specialist advisor and a pharmacy inspector on the second day and a single inspector on the third day.

Before the inspection we looked at the information we held about the service including information from any notifications they had sent us and updates on their action plan. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioning the service and the safeguarding team for their views of the service.

During the inspection we spoke with 18 people who used the service and 12 relatives. We spoke with two nurses, one shift co-ordinator, six health care assistants, including one member of night staff, the maintenance person, three domestic staff, and two members of the catering staff. We also spoke with senior managers: the manager, the operations and business manager and the new nominated individual. A social care professional and the GP visiting the service gave us feedback at the inspection. We used the Short Observational Framework for Inspection (SOFI) on two days of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 12 people's care records, six staff recruitment and training records and records related to the management of the service such as volunteer recruitment records, minutes of meetings, records of audits and equipment and premises checks. After the inspection we spoke with two health care professionals to gather their views about the service.

Is the service safe?

Our findings

At the last inspection in April 2015 we found a breach of regulations as medicines were not always safely managed or administered. Systems were in place to manage medicines safely but staff did not always follow them and did not complete records appropriately. The morning medicines round on one floor took approximately two hours which meant that people were not receiving their medicines at the right time. We had been sent an action plan by the provider that said the issues had been addressed. However, at our inspection in August 2015 medicines were still not safely managed

People were not protected from risk as medicines were not always safely administered across the service. Some people did receive their medicines on time and one person told us “They are pretty good with the tablets here.” However we found other people did not receive their medicines as prescribed. On one floor we observed the medicines round was carried out by one agency nurse and took approximately two hours to complete on two out of the three inspection days. On the third day of the inspection there were two people who administered medicines but it was evident this arrangement was not in place for every day. The manager and operations manager told us they had organised for two staff to be involved in administering medicines but due to staff changes this arrangement was not currently in place every day. There was a risk that the delay in people’s medicines would make their treatment less effective.

We also found medicines where no date of opening had been recorded and there was therefore a risk that they had exceeded the safe period for use. Processes to report and record a medicines error were not always correctly followed and the advice of the GP had not always been sought; this posed a potential risk to people’s health and welfare. We found that there were errors or omissions in the way some staff recorded medicines administration which were not always identified and investigated to reduce the potential for harm. Recorded use of patches for the management of pain were not completed in line with the manufacturers’ guidance and there was a risk they were not being used as prescribed. Staff did not have access to individualised guidance on the signs to look for to consider

administering ‘as required medicines’. For example, guidance on how people might communicate pain was not available and there was a risk people may not receive pain reducing medicines when required.

Medicines were not always safely stored. On one floor of the home the room in which they were kept was not secure and was accessed by a number of staff throughout the day.

Medicines were not properly or safely managed or administered and this was a breach of regulation 12 of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014. We took urgent enforcement action in respect of medicines. The provider is now required to send us regular information about the safe running of the service with regard to medicines. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe at the service. One person told us “Oh yes, it is very safe here”, and another person said, “it’s definitely safe.” A third person commented “You can leave anything out in your room and it is all fine.” A fourth person remarked “I feel very safe and well looked after.” Relatives told us they thought their family members were safe; one person told us their family member “Feels safer here than they did at home and the main thing is that it is secure.” Another relative stated “It is safe here I have no concerns whatsoever.” Since the last inspection a number of safeguarding alerts had been raised in respect of people’s care. One of these had been substantiated, one was unsubstantiated and others were still being investigated and CQC will continue to monitor this. The manager and new owner had cooperated fully with the local authority with these investigations. We were aware the new manager had identified safeguarding issues and raised safeguarding alerts with the local authority in a timely way. However during the inspection we became aware of a further possible safeguarding concern that had occurred in July 2015. The manager was aware of this concern but had not taken appropriate action to protect people from the risk of abuse. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the enforcement action we took in respect of this breach at the back of this report. The matter was then raised with the local authority safeguarding team by the manager during the inspection.

Is the service safe?

Some risks to people were not always identified or assessed. For example, one person with a medical device had no care plan to guide staff in monitoring this device and no regular checks on their vital signs. For another person with a catheter in place checks were not being carried out or recorded in accordance with the care plan to monitor for potential risks. We saw that relatives had raised concerns about the competence of some staff to carry out catheter care adequately to minimise the risk of infection. The manager acknowledged that while some training/had been carried out with some staff on catheter care, agency or new staff may not be aware of the possible risks associated with this treatment. Following our feedback at inspection we were sent confirmation of dates for catheter care training that had been booked for staff although we were unable to monitor this at the time of inspection. Another person who had been identified as at high risk of pressure sores there was no skin protection care plan in place to help guide staff on how to reduce likelihood of pressure areas developing.

There was a risk that changes to the condition of people's wounds may not be identified. Wound care records were not fully completed to detect changes and enable risk to be identified. Two people with wounds had care records that did not accurately monitor or track progress in healing or any deterioration of the wounds. There was a risk that deterioration was not being identified or monitored adequately. Another person had a falls risk assessment showing they were at high risk of falls but there was no guidance in the care plan for staff to follow about reducing risk of falls. They were observed on several occasions to mobilise without the use of their walking aid when staff were not present.

There were no checks carried out on some pressure relieving equipment such as foam mattresses and cushions to ensure they were still meeting people's needs and functioning correctly. We identified two mattresses and a cushion that did not function correctly too protect people from the risk of pressure areas.

These issues were also breach of Regulation 12 of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is currently considering the most appropriate response to the breaches identified.

Other risks to people were identified, assessed and managed. There was guidance for staff in care plans to reduce risks. For example where a person had a skin tear,

their care plan was amended to advise staff how to maintain this wound and their skin integrity risk score for that month was reflected this change. We saw specific risk assessments for some people regarding mobility and risk of falls, skin integrity and risk of malnutrition and dehydration. These risks were monitored and reassessed on a monthly basis and there was guidance for staff to follow on how to minimise potential risks. Two people told us they needed the use of a hoist and both said that the staff supported them safely. One person commented, "They always tell me what they are doing." At the last inspection there had been a breach of regulations as accidents and incident records had not been completed fully or analysed for any learning. This inspection showed that staff had identified concerns and had taken appropriate actions to address and reduce risks to people; accidents and incidents were also analysed for patterns to identify any learning.

Staff were aware of what to do in a fire or medical emergency. They told us they had received training and we saw recent fire drills had been carried out with day staff and a fire drill for night staff was carried out during the inspection. At the last inspection there had been a breach of regulations as there was insufficient information in people's evacuation plans to guide staff in an emergency. Since the last inspection personal evacuation plans had been reviewed and contained details of people's identified evacuation needs. These were kept on people's care records to be regularly updated and as part of the emergency kit to be readily accessible in an emergency.

Possible risks from other equipment or premises were reduced through regular monitoring and servicing. We saw there had been routine servicing and inspections carried out on items such as hoists, the lift, fire equipment and electrical and gas installation. We found a report dated 10 August 2015 from a recent London Fire and Emergency Planning Authority inspection; this identified minor deficiencies in the fire safety arrangements at the time and a date to complete the work of 04 January 2016. The provider showed us the action plan they had drawn up and had started working on to achieve compliance with the law.

At the last inspection there was a breach of regulations as adequate recruitment checks were not in place for staff or volunteers. While identity and criminal records checks had been conducted other checks to protect people from unsuitable staff were not consistently carried out. At this

Is the service safe?

inspection we found that adequate recruitment checks for staff and volunteers were in place to protect people. There was now a policy in place to guide staff on the recruitment, training and support of volunteers. Checks were requested and obtained for agency staff that came to work at the service and where people held a professional qualification there were checks to ensure this remained valid. Where new staff were identified as needing support with literacy or numeracy skills to enable them to carry out their role suitable training had been identified to support them.

At the last inspection we had identified a breach in regulations as there were insufficient numbers of staff to meet people's needs. Otherwise people and their relatives did not express concerns about staffing levels at this inspection, but expressed concerns, about the high numbers of care staff who had left the home, the slow pace of recruitment and the subsequent number of agency staff currently being employed there. We saw these issues had been raised and discussed at recent residents and relatives meetings. The manager and new nominated individual were aware of these issues and provided details of their recruitment efforts across all levels of the home. They told us they had appointed a new clinical lead and 12 new staff some of whom were on their induction training at the time of this inspection.

The manager told us that the new owner had agreed that staffing levels could be more flexibly organised to meet the needs of people at the service. They told us that additional staff were brought in to ensure people's needs were met and this was reviewed on a regular basis. We saw this reflected in the staff rosters. Staff told us they thought staffing levels were sufficient at the service; although

occasionally if someone was off sick at short notice it could be difficult to get cover. We found there were adequate numbers of staff employed. We tested the call bell response time on three occasions during the inspection and found there was a prompt response on each occasion. However, staff availability in the ground floor lounge to support people could be improved. We observed that in the mornings there were periods of several minutes when there was no staff presence in the lounge to assist people should they require support. On one occasion the manager identified this and sought out staff to attend the lounge. The manager told us this had been discussed with staff and they continued to monitor staffing in the lounge.

At the last inspection we found a breach of regulations for infection control and took enforcement action requiring the provider to comply with the regulation by the 31 July 2015. At this inspection people commented mainly positively on the cleanliness of the building. One person said of their room "They keep it all clean for me." Another person said "It is clean, I can't fault that." A relative commented "It is always clean... now. It hasn't been in the past." Another relative told us "It always seems to be clean and tidy here." We observed the service to be clean and odour free during the inspection. Checks to identify risk of legionella had been carried out. There was evidence that cleaning of the premises and equipment was regularly carried out and checked. Any issues identified were dealt with promptly. We saw from staff meeting minutes that infection control was regularly discussed. Staff told us they had sufficient access to personal protective equipment which we saw was used appropriately.

Is the service effective?

Our findings

Appropriate advice had been taken in relation to people's dietary needs. For example where people had a swallowing difficulty they had been referred to a speech and language therapist (SaLT). There were subsequent assessments by the SaLT and recommendations made were updated in people's care plans. However for one person the SaLT recommendations had not been fully included in the care plan and detail about the kind of cup and the size of mouthfuls of food offered to avoid risk of choking was missing. This meant the guidance was not obvious to new or agency staff. The eating and drinking care plan stated the person was on a fluid restricted diet of 1.5 litres of fluid a day but the SaLT guidance recorded a normal intake of food and fluid. Staff were not aware of what was written in the eating and drinking care plan when we asked them and told us they followed the SaLT guidance. However there was a risk that new and agency staff may not be aware of this and refer to the care plan. There was a risk that guidance from health professionals would not be followed.

Kitchen staff had details about people's dietary needs such as soft or pureed diets. We found that one person's puree diet was not recorded, although kitchen staff told us they were aware of it when we discussed it. However if new or agency staff were working in the kitchen there could be a risk of people not receiving the correct diet. People's allergies were not always recorded. We found two people on different floors had allergies which were not displayed in the kitchen and kitchen staff were not aware of this until we pointed this out to them. The manager told us that the documentation about people's needs was missing since a change of chef and staff were in the process of collecting the list of people's allergies from each floor. However at the time of inspection steps to mitigate against risk had not always been followed.

Risks to people were not always assessed or identified and these issues were also a breach of Regulation 12 of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation.

At the last inspection in April 2015 we had found a breach of regulations as people's nutritional needs were not always safely met. At this inspection we found people were provided with sufficient amounts of nutritional foods and

drink to meet their needs. People told us there was plenty to eat and drink but had mixed views about the quality of the food they received. The manager told us the previous chef had arranged a tasting session for people and relatives to comment on what their preferred foods were. About half the people we spoke with told us the food had improved recently; one person said "There's a better cook at least, now. The food has improved." A relative commented, "There have been improvements at last and it has got better. They have asked the residents what they like." Another relative explained "I have seen the food and there has been some improvement... on the whole, it is fresh food and that is what is important." Where needed people had appropriate cutlery and equipment to support them to maintain their independence when eating

However other people and their relatives were less happy about the food quality. One person told us "It did pick up, but it's slipped back now." Another person described the meat as often "ropey and tough." A relative commented "It varies... once when there was no chef, they all had to have fish and chips! Another time, the choice was vegetable or chicken curry! They just want basic food." Daily food diaries were used to record people's views and we saw food had been discussed at recent relative and resident meetings. The manager told us they knew there was still work to be done to improve people's dining experience.

At meal times we observed staff were patient and encouraged people to eat and drink. Staff gave people their chosen food and when they changed their mind, an alternative was offered. A relative told us "They really do their best. My family member is not a great eater, but staff are always offering drinks and snacks." Another relative commented their family member "Takes more from them than they do from me and they are so patient."

There were both hot and cold drinks offered throughout the day and people had water jugs in their rooms. One person told us "If we want tea in between the times, they would do it, they are very kind." Another person said "There is plenty to drink and sherry on Sundays."

We saw where people were at risk of malnutrition or dehydration food and fluid charts were in use to record people's intake and output. One person who had lost a significant amount of weight in hospital had an eating and

Is the service effective?

drinking care plan which showed that the risks had been identified and were monitored and re-assessed regularly, food and fluid charts were in place and their weight was checked on a weekly basis to monitor and address the risk.

At the last inspection on 7, 8, and 9 April 2015 we had found a breach of regulations in respect of staff training. Staff did not receive the necessary training and support to enable them to carry out their responsibilities when they began working at the home and did not have regular supervision to support them in their roles. We took enforcement action in respect of this breach of regulation and served a Warning Notice that told the provider to comply with the regulation by the 31 July 2015.

At this inspection staff had received training to enable them to carry out their roles. Staff told us and records showed that they had received training and refresher training in subjects that the provider considered mandatory. This included fire awareness, moving and handling, infection control, dementia awareness and dignity in care. Staff training was up to date in these areas. Some staff told us they had been encouraged to enrol on the Health and Social Care Certificate in order to develop their skills. There were arrangements in place to ensure new staff were inducted into the home appropriately. New staff received an induction and a period of shadowing before they started to work on their own. One staff member told us they had found their induction training and shadowing “really helpful to understand my job.” There was an induction check list completed for each new staff member to ensure they had been observed completing tasks and were competent to work alone. The manager informed us a new trainer had been appointed specifically for the home and they were looking to start to use the induction for new staff in line with the new nationally recognised Care Certificate.

Staff confirmed that they now received regular supervision to support them and records confirmed this. One staff member told us “I get regular supervision now, I can talk about the job and I feel listened to.” There was evidence of individual and group supervision and observational supervision which involved staff being observed and receiving feedback about how they carried out their work. The manager had started to conduct appraisals but had decided to continue after a period of regular supervision when they would have a better understanding of staff capabilities. We were therefore unable to monitor this at the time of inspection.

At the last inspection in April 2015 we found a breach of regulations in respect of arrangements to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These laws set out the action that should be taken to protect the rights of people who lack the capacity to make specific decisions or for whom their liberty needs to be deprived for their own safety. We took enforcement action in respect of this breach of regulation and served a Warning Notice that required the provider to comply with the regulation by the 31 July 2015.

At this inspection people told us staff asked for their consent before they carried out care and support. Staff had an adequate knowledge of their responsibilities in relation to MCA and DoLS and told us they had received training about this since the last inspection which was confirmed from records. One staff member told us “I do not assume a person lacks capacity; I keep checking.” Another staff member explained “I am aware that our service users lack capacity in most areas (on this floor), however, I still make sure that as far as possible, they understand what I am asking them or doing with them, and get their permission.” They showed understanding of people’s right to make informed choices and decisions independently but where necessary for staff to act in someone’s best interests. We saw that other relevant people had been consulted to ensure that some decisions where people lacked capacity were made in their best interests. Appropriate referrals for DoLS to local authorities had been made and recorded so that people’s freedom was not unduly restricted. Steps had been taken to monitor the applications, to ensure they were received or when the authorisations were due to expire. This ensured the provider worked within the law and people rights were protected. We spoke with a best interests’ assessor working for the Local Authority at the inspection, they told us referrals from the service for DoLS authorisations were appropriate and there were no concerns about the records of people’s care.

Care plans contained mental capacity assessments where people’s capacity to consent and to make specific decisions was in doubt. However, the records in relation to recording people’s separate decisions or best interests’ decisions were not always clear. Capacity assessments about decision making seem to have been recorded for each part of the care plan including areas such as communication when it was not always clear what the specific decision was that needed to be made. The operations manager told us they were meeting with the

Is the service effective?

local authority that day to review how they documented people's decision making and best interests and would make changes to their recording in line with suggestions from the local authority.

People had access to appropriate health care support. Where there were concerns people were referred to appropriate health professionals. The manager told us extra staff could be brought in to support people to attend hospital appointments or appointments with health professionals in the community where needed and we observed this to happen during the inspection. People's hospital appointments were recorded. A nurse told us, "We have a good relationship with the GP and the other health care professionals who visit the home. We access the falls clinic and refer for support from District Nurse and SaLT as

necessary." GP visits were documented by staff in some of the care files we looked at. We saw where a recommendation was made for a person to have a procedure done that this appointment had been booked for the following week. However on the ground floor advice from health professionals such as the GP or district nurse was not always recorded in the care plan. The visiting GP expressed some concerns about poor communication at the inspection. Another health professional told us they had found staff did not always pass on information to each other about people's needs. The provider told us they had recently met with the GP to discuss how they worked together and that with new permanent staff starting work the communication issues would be resolved.

Is the service caring?

Our findings

At the last inspection we found a breach of regulations as people were not always treated with dignity and respect.

At this inspection people told us they were treated with respect and dignity by the staff during the day and our observations found this to be the case. One relative told us “They make a real fuss of my family member.” We observed staff to knock on people’s doors before they entered and speak politely to people. Dignity and privacy were maintained whilst personal care was provided. Staff told us doors and curtains were always closed prior to providing people with personal care, and we saw a ‘care in progress’ sign put on the door. Where we observed care workers providing care, for example supporting someone to mobilise, this was done sensitively and at the person’s preferred pace. A person using the service told us “They are very good. They help you. They let me take my time to get my legs moving.” On one occasion during our inspection, when a person needed attention in the lounge, a screen was drawn around and care was given in a discreet manner; although this was not consistently done on every floor. Staff understood the importance of dignity and respect and told us they had received recent training on this. One care worker told us “My aim is to provide excellence in care and make sure I respect people’s dignity at all times.”

Staff were aware of the need for confidentiality. Staff stations were in open areas but we did not observe staff to discuss people’s personal needs publicly. We saw some people where appropriate were supported in their right to privacy with their own key for their room.

We found there were some areas for improvement in the way staff interacted with people using the service. We received a range of comments from people and their relatives about the way staff provided care and support. Some people told us they were very happy with the care provided and experienced positive relationships with the staff. For example, one person said “Staff are very pleasant and we have a laugh. They help you a lot here.” A relative told us “The staff are so good, patient and kind. I actually feel it is a home from home.” A visiting professional told us that the family member of someone placed at the service had informed them they were very pleased with the care and found the staff very helpful.

Other people told us that the permanent staff were kind and caring but agency staff in post did not know them as well. Two people and a relative told us they found the day staff caring and kind but some of the night staff less warm and considerate. One person commented, “The night staff are rude and say to me, do it yourself.” Another told us “They don’t respond when I say good evening. Some of them will do anything for you. They put cream on if I got itchy back. When I ring bell the regular nurses are good but others say they will be back but often they don’t. Agency nurses have a ‘don’t care’ attitude.” We discussed these concerns with the manager who told us that agency staff were being reduced as newly recruited permanent staff completed their induction. Staff had received training on person centred care since the last inspection and where specific issues had been brought to the manager’s attention they could address any concerns.

These mixed views were reflected in our observations across the three days. There were examples of staff behaviour that required improvement. For example we observed an argument between staff on one floor in front of people who use the service which could cause unnecessary distress. The issue was promptly dealt with by the manager as soon as they were aware. We also saw many examples of positive, warm and thoughtful conversations with people across the three days in which staff clearly understood and respected people’s individuality. For example we observed one care worker engaged in a conversation with someone about the hobbies they had been involved in. The staff member showed an awareness of their interests and was enthusiastic and responsive and this encouraged a warm response in return. When another person became upset and disorientated, we observed how a care worker reassured them until they were calm settled.

People were assisted to make choices. We carried out observations of meal times on all three floors of the service. We found overall there was a good level of communication people were consulted about their choices and that staff chatted with them while they supported them which helped to make it a more pleasurable experience. However on one floor during the first ten minutes of a meal staff did not attempt to consult with people about their meal choices. This improved noticeably with the arrival of the shift coordinator who led the staff team and ensured people were consulted. On another floor a staff member poured three drinks without asking people what they

Is the service caring?

would prefer. There was a pictorial menu on one floor to assist people in making food choices.. On other floors there was larger font menu but no pictorial menu available on the floor for people living with dementia. We saw that people living with dementia were asked for their choice of meal the day before when they may be unlikely to recall their choice the next day. We discussed this with the manager who told us they were looking to improve people's food choices on this floor.

People and their relatives told us they were involved and consulted about their care and had been involved in recent reviews of their care and support needs. One relative told us "They are good at keeping in touch now. They ring if she wants to talk to us." There was information available to people about the home in their bedrooms and we saw a new monthly newsletter had been produced earlier that month which informed people about activities that had occurred and future events. On relative told us "I also

attend the monthly care plan reviews, which are very focussed on my (family member's) needs." Where a family member could not attend a review, they told us the minutes and updated care plan had been e-mailed to them. We saw from care plan records that most but not all care plans had been signed by people or their relatives. The manager said that they were still in the process of completing some reviews with relatives on one floor due to the absence of senior staff these had taken longer than they had wanted due to the lack of senior staff.

People told us there were no restrictions on visiting. Relatives were given a 'key fob' which meant that they could access the building and the lift at any time. One person told us "This makes me feel a part of everything that goes on." A relative explained, "We can come and go as we please here, the whole family." People using the service and their relatives told us their views were listened to and they felt their opinions were valued by staff.

Is the service responsive?

Our findings

At the last inspection care was not planned appropriately to meet people's needs and did not reflect their preferences. At this inspection most people told us their preferences were met in line with their care plan. One person told us "I get the support I need and I get on well with all the staff"

Another person said "The staff know my ways and my routines. They understand me."

However this was not consistent across the service. For one person identified as of high risk of skin integrity breakdown there was no pressure ulcer prevention care plan in place to guide staff on how to protect their skin. Their personal hygiene care plan said to refer to the skin integrity care plan, but this was not available in their records. Another person had a behavioural chart in their care plan to be completed daily. The charts had not been updated since 12 July 2015. When we asked the manager about this they told us this was no longer needed but this person's care plan had not been updated to reflect this change or the reasons for the change.

These issues were a breach of Regulation 12 of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation

People's care records showed that before they moved into the home their needs were assessed through a pre-assessment and admissions process. People had a written care plan in place to guide staff about their needs as well as the things they were able to do themselves to maintain their independence. This included preferences about their routine, preferred name and details about people's life histories to help staff understand and communicate with people better. A relative told us the care given to their relative was personal and focused. They said, "They handle personal care very well. My relative is very fastidious about their appearance and staff make sure they are always well presented, with absolutely no track suit bottoms." We looked at this person's care plan and saw their personal care needs and preferences reflected what the family member had told us and were clearly documented to guide staff. Staff told us they felt there had been improvements to the way people's care was planned

since the arrival of the manager. One staff member described it as "More emphasis on recognising the elements in care planning that were relevant to each individual," rather than just filling in sections of care plans that did not really hold any relevance.

People's spiritual and cultural needs were also assessed and documented in care plans to ensure where possible they would be met. We saw the home's weekly activity planner displayed in the communal area included religious services that were available for those who wished to attend

There were arrangements to help with continuity of care in the event of a hospital admission. Each person had a 'hospital grab sheet' this recorded a summary of their care and support needs and preferences. Quick reference guides had been made to assist agency workers to understand people's individual needs and preferences in a timely way; although these were not available for everyone on the ground floor with the highest level of agency staff.

People's needs for stimulation and social interaction were being addressed although there was room for improvement and this was recognised by the manager. People and their relatives gave us mixed feedback about the activities provided. One person told us "I have got a bit bored at times; there should be more entertainment i.e. playing games, quizzes. We used to get these; they gradually reduced since Christmas – the entertainment manager left. The games bring us together – look at us now we just sit here." A relative said "There's nothing for them to do, even with that list outside, nobody is doing them! ... We were told there would be trips out, but there are not, of course." Two other people also commented on the lack of trips out. We observed that on the ground floor people were in the lounge on two mornings with no activities taking place. On one occasion we observed the manager directing staff to the lounge. However other people had noticed an improvement. One person commented, "They had a really good birthday party recently. There were children and dogs and everyone made an effort. It was lovely." Another person said "There are things going on, yesterday we had a singer and there is cake making." Another relative told us "I was a bit concerned initially when my relative moved in as there was very little provided. However, things have improved over the past few months, there are more and appropriate activities provided."

Is the service responsive?

The manager told us there had been a period without an activities coordinator but one had been recently appointed, with another person due to start by mid-September. A family member told us “I was a bit concerned initially when my relative moved in as there was very little provided. However, things have improved over the past few months; there are more and appropriate activities.” We observed care workers engaging people in board games and carpet skittles at various times of the day; on one afternoon a musician entertained people. People were engaged and enthusiastic and we observed jokes being shared between people and staff. A care worker on one floor told us they try to “vary activities and introduce things which will engage people.” They gave an example where formal clothes are left on the peg in the lounge area because “One person likes to put them on as if they are attending a job interview.”

Activities were displayed so people were aware of what was on offer each day and we there were a range of activities provided to try and cater for people’s interests. The manager told us they had recently linked with a local project ‘Men in sheds’ to get involved in garden activities including building birdhouses. There was also a monthly newsletter for people using the service that started in August and gave information about activities. A poster advertised a relatives support group aimed to increase understanding of dementia.

At the last inspection there had been a breach of regulation in respect of how complaints were addressed as the

organisation did not follow its own policy in terms of responding to complaints or investigating complaints in a timely way. We were aware of further complaints that were made following the inspection prior to the new manager arriving and the new owner taking over the existing company which were again not responded to in a timely way. Two of these complaints had been referred to the local authority ombudsman and were being investigated.

At this inspection we found complaints were handled appropriately. People and their relatives told us they were aware of how to register a complaint and the complaints policy was visible on each floor of the service. One person told us “My two complaints (about food) have been resolved now.” People and their relatives told us they would go and see the manager in the first instance if there was a problem and that they tried to sort things out. One person told us, “If I have brought up issues, they have been dealt with.” Another person told us the manager tried to address the issues raised but the problem was the high numbers of agency staff which meant it was difficult to ensure this was carried through consistently. The new manager had received recent training on the handling of complaints. The complaint log showed that since the new owner had taken over at the service complaints had been responded to within timescales set out. Staff were aware of the complaints policy and knew how to report any complaints from people or relatives.

Is the service well-led?

Our findings

At the last inspection in April 2015 there had been a breach in regulation as, audits in place to monitor the quality of the care provided, did not provide enough information to identify issues. The service was then being run by a deputy manager and did not have a registered manager for some time. Inspectors found the responses from people and their relatives showed that the culture of the home had been affected by the lack of a long term manager.

At this inspection we found systems to monitor the quality of the service had been improved. Since the last inspection a new manager had been appointed in May 2015 and the home had new owners who had bought the existing company at the beginning of July 2015. A number of audits had been revised to help identify issues following the last inspection. Infection control audits were carried out on a monthly basis and actions were identified as needed and monitored for completion. A daily walk round check was being carried out by the manager which did identify areas that required action and we saw these were followed up.

However, other audits were not consistently completed or used to identify where action was needed; for example the medicines audits had not highlighted the issues we found with medicines, catering audits did not identify the issues about people's allergies and the wound care audit did not identify the issues with wound care records. No spot checks had been carried out on night staff despite the concerns that had been raised by some people at the service. The manager told us that once the new senior team was in post these would be introduced.

The new provider was in the process of reviewing the systems to monitor the quality of the service. An independent audit of the service had been carried out in July 2015 and a number of recommendations and areas had been highlighted. An action plan to address these issues was being considered at the time of the inspection. It was not possible to judge the effectiveness of new arrangements for quality assurance processes at this inspection.

At this inspection people told us the new manager and recent changes in the ownership of the company had made some difference. We had positive feedback about the manager from everyone we spoke with. People using the service commented the new manager was "very hands on"

and "lovely and very understanding." One person told us "I love it here. The manager is lovely, very approachable and caring." One relative told us they had confidence in the manager and were assured that they were working hard to get a new team in place and ensure good quality care for people. "Things were perking up a lot with new management and more staff training." Another relative stated "It is much better now that (the manager) is there. (The manager) has turned it around. There's no shirking now!"

However, it was evident that while changes had been made there was still room for improvement. The high use of agency staff and current lack of permanent nursing staff and senior staff presence consistently across the home made it difficult for the manager to drive through improvements and sustain them. This was commented on by three people using the service. One person remarked "Things have been very sloppy in recent months. They need tightening up. There's not enough control at the top." Two relatives also expressed this view. One remarked "The manager is working very hard; there are not enough senior people on the floor checking what has and should be done."

The new owner told us that key senior posts had been advertised and new staff had been appointed including a new clinical lead whom we met at the inspection. A head of operations was also being recruited to provide leadership to the services. It was evident that steps had been taken to try to address the gaps in leadership and management to support the new manager. The manager and nominated individual recognised that the recruitment process was taking longer than they wanted but they wanted to secure the right people with the necessary skills for the posts.

During the inspection we observed an incident which reflected the lack of sufficient senior presence across the service. On one floor staff had been unable to support someone to get up one morning and when the inspection team queried this staff told us the unit was short of staff that day. However, none of the staff had identified this issue to the manager who pointed out there were additional staff on other floors that could have assisted if the manager had been aware of the issue.

Staff told us there had been improvement at the service and the new manager was driving these through and was approachable and visible. One staff member told us "I trust the manager and we now have a direction. We work as a

Is the service well-led?

team and she has shared her vision with us.” Another stated they “could talk to them whenever they needed to and that they were sure they would be supportive of any concerns raised.” A third staff member commented the new manager was “Very approachable as a leader.” A fourth remarked “I give credit to the manager for the progress we have made since the last inspection. I also applaud the family members for sticking with us and giving us a chance to improve.”

There was a structure of staff meetings in place to aid communication and consistency in the service. These included regular handover meetings, heads of department meetings and full staff meetings. We observed a handover meeting in which staff were given an update from the night staff about people’s needs and then allocated responsibility for personal care and support to people on one unit.

Relatives told us they had been kept informed of changes at the service and their views were listened to. They had

been invited to a number of residents and relatives meetings since the last inspection. One person told us “I do come to the meetings and we’ve had three since May.” People told us they felt able to express their views and that they were listened to but they felt frustrated by the slow pace of change.

People, their relatives and professionals were asked for their views about the service through an annual survey. Regional staff said they would continue to send surveys to further understand people’s views. We saw the survey results from June 2015 in which issues identified were the quality of the food, staffing and activities at the service. We saw action had been taken in response to these concerns for example a tasting event had been held for people and their relatives to involve them in menu planning and further efforts to resolve the issues about food through discussion at the relatives and residents meetings.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Care and treatment was not provided in a safe way.
Treatment of disease, disorder or injury	(1)(2)(a)(b) Risks to people were not always assessed or steps taken to reduce risk
	(g) Medicines were not properly and safely managed.
	Regulation 12 (1)(2)(a)(b)(g)

The enforcement action we took:

An urgent notice to impose conditions on the provider's registration for medicines was served on 10 September 2015. The provider is required to send us information on a weekly basis to evidence the safe management of medicines.

A notice to impose the condition to prevent the provider from admitting any new services users to Maples Care Home without the prior written agreement of CQC was also imposed.

A further notice was served to impose conditions on the provider to request monthly records of risk assessments and risk monitoring at the service.

These notices will be reviewed by CQC within six months of this inspection date.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	Systems in place to prevent abuse were not operated effectively. People were not always protected from abuse or improper treatment
Treatment of disease, disorder or injury	Regulation 13 (1)(2)(3)

The enforcement action we took:

We served a Warning Notice on the provider to meet the requirements for this regulation by 30 October 2015