

London Borough of Waltham Forest

Mapleton Road

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 Road is a residential care home providing personal care to up to 24 people. The service provides support to older people some of whom maybe living with dementia. At the time of our inspection there were 22 people using the service. The care home accommodates 22 people across two separate units, each of which has separate adapted facilities. Both units specialise in providing care to people living with dementia.

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

The service kept people free from harm as much as possible including the spread of infections. Staff were confident in how to manage safeguarding concerns and how to raise them. People had risk management plans in place and staff understood people's needs. We observed some poor moving and handling procedures, we have made a recommendation about moving and handling. Medicine was managed safely. Staff were recruited safely. There was a system in place to learn lessons when things went wrong.

People had up to date care plans and guidance was available for staff to follow should they need it. People had enough to eat and drink to maintain a balanced diet. Staff promoted a healthy lifestyle. People had access to health care professionals when needed. The home was adapted to support people's needs. Relatives told us the home was nice and comfortable. Staff told us they were well supported. Staff had a good induction and training program in place to carry out their role competently. The provider was working within the principles of the Mental Capacity Act.

Relatives, staff, and people told us the home was well managed. Managers were available and kept them involved in running the service. Staff praised the management team stating they had lots of support. The registered manager understood their role and responsibilities. The home checked the quality of care on a regular basis through an auditing schedule.

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

Rating at last inspection

The last rating for this service was requires improvement (published 09 April 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mapleton Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was Well-led.

Details are in our well-led findings below.

Good ●

Mapleton Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Service and service type

Mapleton Road care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mapleton road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information we held about the service to plan our inspection.

During the inspection

We spoke with 2 people using the service, 3 care workers, the registered manager and 7 relatives. We observed interactions between staff and people. We reviewed a range of records including care records for 5 people, risk management plans, staff files, medicine records and management records including audits and supervisions.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were monitored and managed in line with people's assessed needs.
- On the day of our visit, we observed some poor moving and handling practices when supporting people. We spoke to the registered manager about these concerns, and they were addressed immediately. Other observations we made were that staff were using the correct moving and handling manoeuvres when supporting people.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. This meant people were kept safe from harm as much as possible.
- People had risk management plans in place with information to guide staff in supporting people safely. Although we found some guidance for staff to follow, we felt they could be improved in some areas. We spoke to the registered manager about this, and they said they would review these assessments and add additional information.
- Staff had training in moving and handling which meant people were supported by competent staff.

We recommend the provider review their moving and handling procedures for all staff.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- We saw evidence of safeguarding alerts which had been sent to both the local authority and CQC. The provider followed their policy and kept detailed records of the investigations including actions and outcomes.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member said, "You have different abuses it can be physical, emotional, financial; you should inform the manager or senior on duty, we then do a report and write a statement."

Staffing and recruitment

- The service had enough staff on duty to meet people's needs. Staff were recruited safely.
- Relatives told us there was enough staff to meet people's needs, one relative said, "Yes [my relative] is well looked after. Staff are always on hand to call if needed."
- On the day of our visit, we observed that people did not have to wait for support. Staff did not appear rushed and gave time to listen to people.
- The provider calculated the level of support needed according to people's assessed needs. The staff rota

showed the deployment of staff was in accordance with people's needs.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. We observed one staff member on induction, they were shadowing experienced staff to learn their role.
- The provider carried out background checks prior to an employee starting work. These included obtaining previous employer references, job histories and criminal record checks. Staff were not left unsupervised until they had been signed off as competent by the manager.

Using medicines safely

- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People could take their medicines in private when appropriate and safe. We observed staff administering medicine during the lunchtime period. Staff demonstrated competence in this area.
- Medicine records we reviewed showed there were no gaps. As and when needed medicine, also known as PRN medicines, had protocols in place, which meant staff had guidance to follow when needed.
- Staff competencies were regularly checked by the registered manager.

Preventing and controlling infection

- The provider had a clear system in place to reduce the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives told us they could visit the home when they wanted if they booked a time slot. There were no restrictions in the home regarding people visiting the home.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, following a fall, a person was referred to the fall's clinic for a review. All accidents and incidents were discussed each day at the handover.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. Care plans reflected a good understanding of people's needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional and communication.

Staff support: induction, training, skills, and experience

- Staff were well supported and had the training knowledge and experience to carry out their role. Staff received support in the form of continual supervision, appraisal, and recognition of good practice.
- Staff told us they felt supported by the managerial team. One staff member said, "We are supported by the manager, have supervision, free to talk to the manager or senior, any concerns or issue tell them no issues, they have an open-door policy."
- The service checked staff's competency to ensure they understood and applied training and best practice. Updated training and refresher courses helped staff continuously apply best practice.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Relatives told us the food was good, one relative said, "Yes [my relative] has nice meals and drinks, some food he can't manage but they make allowances."
- We observed staff offering people support to eat and drink, staff were patient and encouraged people to eat their meal. Staff offered people choices and when a person said no to the 2 options staff asked them what they would like instead.
- The service had a weekly menu in place, people had 2 options to choose from for each meal. Dietary requirements were documented, and any recommendations were followed by staff, for example some people had a soft food diet. Health care professionals were involved where needs had been identified.

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

- People had access to health care professionals when needed. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People and relatives told us they had input from the GP and nurses on a regular basis. Relatives told us they received regular health updates from staff at the home. One relative said, "They do update us when needed." Another relative said, "They do contact me if she had a health issue."

- Records reviewed showed people had regular visits from a range of health care professionals. People also attended hospital appointments when needed. Outcomes and actions were recorded in care plans.
- Staff worked well with other services and professionals to prevent readmission or admission to hospital.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished, and well-maintained environment which met people's sensory and physical needs. People were able to move around easily because there were visual aids in their home and staff had arranged the furniture to support this.
- People were relaxed in the home. The bedrooms were spacious adapted to needs and personalised, the dining area, kitchens and toilets were adapted to meet people's needs. The home was clean and well maintained.
- One relative told us they would like to see more colour in the garden area and more seating. We spoke to the registered manager about this, and they said it would be raised to the next level of management to address it.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training.
- We observed staff asking people for consent before providing care and support. Records reviewed showed that people had the correct legal authorisations in place where they were deprived of their liberty.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Everyone we spoke with told us they liked the home and found it to be a nice place to live or work. The registered manager was praised by staff and relatives for being open, friendly, and approachable. Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 the need to be open and honest with people. Relatives told us the registered manager was transparent and would let them know if anything was wrong in the service. Records reviewed showed discussions were had with people and families following a complaint and apologies were made. Notifications were sent to CQC when required.

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

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. A range of audits were carried out by the management team on a regular basis. Issues or concerns identified were addressed and actions recorded.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- People, relatives, and staff worked with managers to improve the service. Feedback was obtained through reviews, meetings and 1 to 1 sessions. Relatives told us they could make suggestions about improving the service and these would be valued.
- Everyone we spoke with said they had no complaints and didn't have any suggestions on improvements. Relatives were praiseworthy of the service and staff.

Continuous learning and improving care

- The provider used information gathered through audits and monitoring visits to learn and improve care. There was an improvement plan in place to address some issues and these were recorded in detail.

Working in partnership with others

- The service worked with other key organisations such as the local authority and health care professionals.