Maple Care Limited

The Maples Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Maples Residential Home is a care home providing personal care for up to 28 people. At the time of the inspection 25 people were living there including people living with dementia. The building is an adapted three storey building.

People's experience of using this service and what we found
People were cared for by staff in a way that kept them safe and protected them from avoidable harm.

Enough staff were available to respond to people's needs in a timely manner.

People received their medicines when they needed them, and systems were in place to ensure that medicines were stored and administered safely and that adequate supplies were available.

Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences.

The premises were clean, and staff knew and followed infection control principles.

People gave us positive feedback about the quality of care they received.

The feedback on the leadership of the service and the manager from people and staff was positive.

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 good (published January 2019)

Why we inspected
We undertook this focussed inspection due to concerns we had received about the Maples Residential Home not responding to people's medical needs in a timely manner. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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.

We have found no evidence that the provider needed to make improvements.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Maples Residential Home on our website at 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 reinspection 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.
Details are in our safe findings below.

Is the service well-led?

Good

The service is well led.
Details are in our well led section below.

The Maples Residential Home

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

Inspection Team
The Inspection was carried out one inspector.

Service and service type:
The Maples is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Maples 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. The registered manager was on extended leave and not present during the inspection.

Notice of inspection
This inspection was unannounced; however, we telephoned the provider from outside the home because of the risks associated with COVID-19. This was because we needed to know of the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

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, professionals who work with the service 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 requested to complete a provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with six people who used the service, to ask about their experience of the care provided.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with.

We spoke with nine members of staff, which included the manager, deputy manager, directors, senior care assistants, care assistants and domestic staff. We reviewed a range of records about people's care and how the service was managed.

After the inspection
Due to the COVID-19 pandemic we reviewed a number of records off site.

Good

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- The provider had systems in place to protect people from the risk of abuse.
- Staff received training in safeguarding people from the risk of abuse. This was followed up with knowledge checks during supervisions.
- A staff member told us, "If I had any concerns that abuse was taking place, I would report it to the manager and if I felt I wasn't listened to I would report it to CQC."

Assessing risk, safety monitoring and management
- The provider had systems in place to protect people from risk. Personalised risk assessments had been written for the people living there covering a range of risk including eating and drinking, skin care, mobility, activities and managing behaviours that challenged.
- People were consulted about how they wished to be supported considering any perceived risk.
- Staff that we spoke to were knowledgeable about the risks to the people they supported and how they could keep them safe from harm.
- The provider had a fire risk assessment and the people living there had personalised emergency evacuation plans written for them, identifying their needs in the event of an emergency. These plans were tested with regular fire drills.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

● Staff were recruited safely, and checks were made to ensure they were of good character to work with the people living at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Throughout our visit we saw staff responding to the needs of the people living there in a timely manner.
● A staff member told us, "Even when its busy I always get time to sit and chat with the people I support"

Using medicines safely
● People received their medicines as prescribed and were dispensed by trained staff. Protocols had been drawn up considering people's preference as to how and where they would like to have them administered.
● Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
● Medicines administration records (MARS) were correctly completed with no gaps.
● Medicines were stored securely and at the right temperature and we evidence that temperatures were checked regularly.
● We saw evidence of regular audits of medicines records and stocks had taken place.

Preventing and controlling infection
We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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
● The service encouraged and supported people visiting the service in line with current government legislation.

Staffing
● The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures

Learning lessons when things go wrong
● Accidents and incidents were fully documented and investigated to identify ways of preventing them from happening again.

Good

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 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 the time of the inspection the registered manager was on long term leave. The home was being run by an interim manager. During the inspection it was clear that they had a good understanding of people's needs.
- There were strong governance systems in place and the manager and provider had a good oversight of the daily running of the home.
- Regular quality assurance checks were carried out by the management team of the home and by the provider. These covered areas such as the environment, safety measures and infection control. Any issues identified were shared with the team and action taken to rectify them.
- The manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.
- During the inspection the provider showed us an action plan for improvement planned for the service and we saw evidence that these were under way. An example of this was a new electronic medication administration system that had recently been introduced.

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

- There was a strong, positive person-centred culture in the home. Each person was treated as an individual with their own unique needs.
- People were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input.

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

- People were given the opportunity to be involved in and influence the running of the home.
- The provider had recently appointed a "critical friend" whose role was to act as an independent voice on how the home is run.
- Staff told us that they received regular staff meetings and handovers. A staff member told us, "I know if had any ideas about someone's care needs, I could approach (manager) and I would be listened to."

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

● When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
● The manager understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others
● The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.