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Maple Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 20 December 2017 and 2 January 2018. The visit on the 20 December was unannounced. The visit on the 2 January 2018 was announced.

Maple Lodge 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. Maple Lodge accommodates up to 45 people in one building with all bedrooms and facilities located on the ground floor. The service specialises in providing care to people living with dementia. At the time of this inspection 42 people were using the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Not all of the people using the service were able to verbally tell us their thoughts about the service. We spent time sitting and chatting with people in the lounge areas and during mealtimes. We saw that people were comfortable with staffs approach to them and it was evident that staff knew people well.

People and their relatives felt that the service was safe. Staff were aware of the policies and procedures in place for safeguarding people. Staff had received training in relation to safeguarding people.

Staff supported people in a kind and caring manner whilst respecting individual's privacy and dignity.

People's medicines were managed safely and appropriate storage facilities were in place.

People's living environment was clean and tidy and effective control measures were in place to protect people from infection.

Systems were in place to ensure that people's rights were maintained under the Mental Capacity Act.

People's needs were assessed and when a need was identified, care plans had been developed to inform staff as to what support a person needed. Family members felt involved in their relative's care planning process.

People had access to activities within the service and the local community with the support of an activities co-ordinator.

The registered provider had procedures in place that ensured the safe recruitment of staff. This helped

ensure that people were supported by staff who were suitable to work with vulnerable people.

A complaints procedure and recording system was in place. People and their relatives knew who to speak to if they wanted to raise a concern about the service.

The CQC were notified as required about incidents and events which had occurred within the service.

People were cared for by staff who had received appropriate training. Staff completed a variety of training relevant to their role and responsibilities. This helped ensure that people receive safe effective care and support.

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.

People's medicines were managed safely.

Recruitment procedures helped to ensure that only suitable staff were employed.

The environment was clean and hygienic.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed prior to moving into the service.

People received support from staff who had received training for their role.

People had access to health care services on a regular basis.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a caring approach to people.

People were supported by staff who knew them well.

People's personal and confidential information was stored safely.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were recorded in their individual care plans.

People had access to stimulating and recreational activities within the service and local community.

A complaints procedure was in place that people and their family members were aware of.

Is the service well-led?

Good ●

The service was well-led.

People's personal information was appropriately stored.

Systems were in place to monitor the service people received.

A registered manager was in post.

CQC were notified as required about incidents that had occurred at the service.

Maple Lodge

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 registered 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 over two days. The visits on the 20 December 2017 was unannounced and the visit on 2 January 2018 announced. The inspection was carried out by one adult social care inspector.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures. We looked at the recruitment records of six recently recruited staff, and rotas. In addition we spent time looking around people's living environment and spent mealtimes with people using the service.

We spoke with and spent time with 26 people using the service, seven visiting relatives, nine staff members, the registered manager, and representatives of the registered provider. In addition, we spoke with a visiting healthcare professional who told us positive things about the actions of the registered manager in supporting people's health needs.

We used information the registered provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

Prior to the inspection we assessed all of the information held about the service. This information included concerns and complaints received from people, their relatives and information sent to us by the registered provider. We spoke with the local authority who commissioned services and the local authority safeguarding team to gather any information they had about the service. They had no current concerns about the service. In addition, we contacted Health Watch Knowsley. Health Watch is the consumer champion for health and social care throughout England. Health Watch had no information to share about the service at the time of this inspection.

Is the service safe?

Our findings

People told us that they felt safe living at Maple Lodge. Their comments included "Yes, I am safe here, never any problems" and "I am safe and comfortable, it is always very clean". Family members told us "People are safe here", "I trust the staff" and "Staff care for people very well here".

Policies and procedures were available to staff in relation to safeguarding people from abuse. Staff spoken with had a good knowledge and understanding of what constituted a safeguarding concern. Staff were aware of safeguarding procedures and knew where they could find these procedures and other guidance should they need to refer to them when reporting any concerns. Training records demonstrated that staff had received training in safeguarding people.

Identified risks to individuals' highlighted during the pre-admissions assessment or following a change in a person's needs were assessed and care plans were updated to minimise these risks. For example, we saw that risk assessments had been carried out in relation to falls, moving and handling needs and mobility. The mobility assessment had considered risks relating to obstacles, footwear and any medicines the person may be prescribed. Risk assessments were reviewed on a monthly basis or sooner in the event of a person's needs changing to ensure that they remained effective in minimising risk to people.

Accidents and incidents experienced by people and staff were recorded and reviewed on a regular basis by the registered manager and registered provider. The registered provider had implemented an electronic system to record the details of any accidents or incidents that occurred. Information recorded included details of the person who experienced the accident / incident, whether medical advice was sought and whether a referral had been made to the safeguarding team or any other specialist healthcare team. These records give the registered provider the opportunity to analyse and identify any themes or reoccurring accidents and incidents and consider ways in which any further events could be minimised.

Systems were in place to control and prevent the spread of infection. Personal Protective Equipment (PPE) was available throughout the building and was seen to be used. For example, when delivering personal care and when serving food. Regular infection control audits took place to identify any improvements needed around the service. The most recent infection control inspection by the local authority had achieved a score of 98% which indicated a very good management of infection control. This meant people were protected from the risk of the spread of infection by robust procedures being in place.

People were supported to receive their medicines safely. Appropriate locked storage facilities were available. Medicines requiring refrigeration were kept in a specific fridge in which the temperature was regularly monitored to ensure that these medicines were stored appropriately at all times. Facilities were available for the safe storage of controlled drugs (CD's). Controlled drugs are medicines prescribed for people that require stricter control to prevent them from being misused or causing harm. Policies, procedures and guidance were available to staff to support the safe administration of medicines. Staff involved in the administration of people's medicines had completed training and been assessed as being competent to do so. Regular audits of medicines and their storage were completed. In addition, each month

senior staff carried out an audit of several people's medicines to ensure they were correct.

Medication Administration Records (MAR) were in use for the recording and monitoring of when a person had been offered or staff had administered their medicines. The majority of these records had been completed in full. A system was in place for the ordering and disposal of medicines. A record of all medicines which were received at the service was maintained and any unused medicines were disposed of appropriately.

A handy person was employed to arrange and carry out routine checks around the environment to maintain people's safety. Records showed that checks and tests of equipment and systems such as fire alarms, emergency lighting, bedrails, specialist mattresses when in use, water quality and temperatures were undertaken regularly. The service had access to the registered provider maintenance team to manage and address any repairs around the building. For example, during the inspection a leak in a toilet was discovered, a plumber from the maintenance team visited the service on the same day to fix the fault.

The registered provider's recruitment procedures were safe and aimed to ensure the safe recruitment of staff. Information contained on staff files demonstrated that appropriate checks had been carried out prior to them starting their employment. For example, staff files contained evidence of written references, a completed application form, and evidence that a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. These checks were carried out to help ensure that only staff of a suitable character were employed.

The registered provider used an electronic system to calculate and determine the numbers of staff needing to be on duty to meet people's assessed needs. During the inspection sufficient staff were on duty to meet people's needs. We saw that people did not have to wait for any length of time to get the support they required and call bells were answered promptly. The majority of family members told us that there were sufficient staff on duty to care for people. However, two family members told us that they felt there were not enough staff on duty at certain times of the day. We discussed this with the registered manager who told us that the numbers of staff on duty were reviewed on a regular basis against the identified needs of people.

Is the service effective?

Our findings

People told us positive things about the service they received. Their comments included "I like the food", "I am happy with the service".

Family members told us "Staff would always ring if there was a problem or [Name] was unwell" and "Staff are very patient. [Name] was always faddy with foods but staff know how to coax her to eat". Another family member told us that they had visited several services prior to visiting Maple Lodge which they chose as it "Had the right feel".

A family member told us that they felt the staff team were effective in recognising if a person was unwell. They told us that "They [Staff] notice things about people. Staff had noticed behavioural changes in [Name] and arranged for a GP to visit who diagnosed an infection". Another family member told us that they had concerns about their relative when they moved into the service as they had a history of not eating in front of other people. However, this had not been an issues and their relative is happy to eat their meals with others.

Prior to a person moving into the service an assessment of their needs took place and was carried out by a senior member of staff. The purpose of the assessment was to ensure that the service had the facilities and provision to meet the person's individual needs. If a person's needs changed, or following admittance to hospital, a further assessment took place to ensure that Maple Lodge could continue to provide the appropriate care and support the person required. Family members told us that they had be part of their relative's pre-admission assessment which gave them an opportunity to share information which helped plan their relatives care. One family told us "They [Staff] asked a lot of questions about [Name] medical condition to find out about the needs".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. During the inspection the registered manager demonstrated a good understanding of the Mental Capacity Act 2005. Family members confirmed that they were included in best interest decisions made on behalf of their relative.

People's needs in relation to eating and drinking were assessed and formed part of their care plans. For example, a risk assessment was completed in relation to people's nutrition. The assessment helped identify when a person was at risk from poor nutritional intake. Other risk assessments were available to identify if a

person was at risk from insufficient hydration or poor skin integrity. Once a need had been identified a person's dietary needs were planned for to help ensure that they received sufficient nutrition and hydration to keep them well.

Drinks were made available throughout the day to people and there was a cold drinks dispenser located in one of the dining rooms for people and visitors to access at any time. People told us that they could always ask for a hot drink whenever they wished and staff would make it for them.

The menu available to people was provided by a company who that prepared and delivered the meals ready to be cooked by the catering staff. The menus were nutritionally balanced to ensure that that people received a balanced diet. In addition to the prepared foods, a stock of fresh, tinned and frozen foods were available to offer people a cooked breakfast, suppers and snacks throughout the day. Information relating to people's likes, dislikes and dietary needs was available to the catering staff. Training records demonstrated that staff had received training in relation to diet and nutrition as part of their role.

People had access to regular support from local health care professionals. These included dietician, GP, optician and podiatry services. Family members told us that they felt people's medical needs were met. One family member told us that the staff team liaised on a regular basis with the local specialist nurse for a specific medical condition to ensure that the person's health needs were met. A visiting health care professional spoke positively about their experiences of the care and support people received. They told us that the service "Responds to people's needs in a timely manner" and "Staff utilise the local district nurses for support".

Staff told us that they received regular training for their role. Records demonstrated that staff had received training which included health and safety, dementia, moving and handling, fire, food hygiene, infection control, person centred care, safeguarding people, first aid and the Mental Capacity Act 2005. In addition to this training a number of staff were undertaking vocational qualifications in relation to their role. Newly recruited staff had completed an induction into their role.

Staff told us they felt well supported by the registered manager and were invited to attend regular staff meetings and supervision. Supervision gives staff the opportunity to sit and discuss their role with their line manager either individually or as a group. Staff described the registered manager as supportive, knowledgeable and approachable.

The corridors of the living areas of people living with dementia were lined with photographs of comedians and actors from previous decades to stimulate and offer points of recognitions for people when passing. In addition, hats, bags and coats were available to offer stimulation to people. The registered manager demonstrated that they were in the process of exploring further ways in which people's living environment could be made more stimulating for people. Since the previous inspection an area of the building had been developed into a quiet lounge for people to sit and spend time alone or with their family members. The lounge was well furnished and decorated and provided a peaceful place for people to access.

Is the service caring?

Our findings

People told us that they felt that staff were caring and respectful. Their comments included "They know me well and look after me well, very happy" and "They [Staff] are lovely".

Family members told us positive things about the service. Their comments included "Friendly, happy atmosphere people having a laugh and joke with all", "Genuinely care about people", "Really happy with the service, [Name] worked all his life and deserves the excellent care he receives", "Fantastic", "I see very positive interactions" and "Staff keep in touch with us".

We observed good practice and examples of person centred care and support offered by the staff team. Staff knew people's needs, their likes and dislikes. It was evident on occasions that strong relationships had been built between people and the staff that supported them.

We saw and heard laughter between people, family members and staff. People clearly enjoyed having contact with the staff team and appeared comfortable in their presence. Where needed, staff offered comfort and support to people. For example, on occasions where people became confused, disorientated and anxious. Staff approach at these times was to offer a reassuring arm around their shoulder, a hold of a hand, linking of arms or a hug when people intimated that this was what they wanted and needed at that time.

Staff respected people's privacy and dignity. For example, staff routinely knocked on people's bedroom and bathroom doors prior to entering. However, we saw during the first day of the inspection that people did not always have access to napkins during mealtimes. People in one dining room had access, people using another dining room didn't. Following a discussion, staff understood the need for people to have access to napkins to enable individuals' to maintain their own dignity whilst eating. On the second day of the inspection we saw that napkins were available to all during mealtimes.

People's bedrooms were personalised with their own furniture, personal effects and photographs around them. Visiting family members told us that the registered manager had encouraged their relatives to bring their personal effects with them whilst moving in to the service to help bring their cherished items and memories with them.

An information board was available which contained information relating health services, safeguarding, complaints, and activities available. Some but not all of this information was available in a large print format. Pictorial menus were available, however these were not accessible to people using one dining room on the first day of our inspection. Discussion took place with the registered manager and the quality assurance manager about the need for information to be made available in different formats to aid people's understanding. The registered manager made a commitment to ensuring that this was made available to people.

People were supported to maintain and continue with their beliefs and religion whilst living at the service.

For example, Eucharistic ministers from the local parish visit the service on a weekly basis to deliver communion and prayers to people. One person told us that they really enjoyed taking communion as it was something they had done all of their life.

Visiting relatives told us that staff were always welcoming. They told us that they could visit the service at any time with the exception of during mealtimes. The service had adopted a protected mealtime policy to ensure that people could have their meals in a calm environment which assisted people to concentrate on eating their meals. Relatives told us that they understood the reason for having protected mealtimes in place.

Is the service responsive?

Our findings

People told us that they were able to access activities if they wished. One person told us "I don't usually join in; I prefer to watch the TV in my room by choice". Another person told us "We get to do things here and go on days out, I enjoy it". All of the people we spoke with told us or indicated that they would be comfortable in speaking with the staff and registered manager if they were unhappy or wanted to make a complaint.

Family members told us they were confident that any concerns or complaints would be listened to. In addition, family members told us that they were included in their relatives care planning and decision making where appropriate. .

Each person had a care plan that identified their needs and wishes. The care planning process gave the opportunity to records people's physical, psychological and personal care needs and how these needs were to be met. Any risk identified during the care planning process were assessed and wherever possible minimised. People's care planning documents were reviewed and updated on a regular basis to help ensure that they contained relevant, up to date information about people's needs and wishes so that their needs could be met appropriately.

Daily records were maintained by the staff team of what support people had received and been offered throughout the day. Records relating to care and support delivered and offered throughout the night did not contain as detailed information. Discussion took place with the registered manager in relation to ensuring that detailed records of all care and support were maintained to help ensure that accurate records are maintained at all times.

An activity co-ordinator was employed to specifically engage people in meaningful activities both individually and within a group. The plan of activities for the month of December included arts and crafts, physical exercise, sing-along, bingo and games and quiz taking place within the service. A number of trips out had taken place or were planned to Liverpool museum and Christmas shopping. People had been invited to attend Christmas parties within the local community, for example, at the local pub, a local community centre and a Christmas lunch at a local hotel. Within the service a Christmas party and new year's eve party had been planned. To support people to spend time with their family members on Christmas day, family members had been invited to have Christmas lunch at the service.

Throughout the visit people who accessed one lounge were seen to play cards and dominos and others were seen to read their newspaper and complete puzzle books. One person told us that they liked to read do puzzles as it kept their mind active.

The registered manager demonstrated good principles and values in relation to promoting good responsive care practices. For example, shortly after we visited the service the registered manager demonstrated how they had worked with other agencies in ensuring that a person's needs were met by them moving into the service as they approached their end of life. Information demonstrated that liaison had taken place with the local authority and Clinical Commissioning Group to ensure that the individual and their family member's

needs and wishes were met. This had involved ensuring that appropriate equipment, medicines and health care professional support was in place prior to the person moving into the service.

Family members of a person who had lived at Maple Lodge and had received end of life care from the service spoke positively about the high standard of care their relative and they themselves had received. They told us that that staff "Were fantastic" and that "Personal care was excellent right up until the end" whilst receiving end of life care. Family members also told us that their relative had received "Unbelievable care and support and was never alone" and their relative and family members were treated with dignity at all times by the staff team. They told us that the registered manager ensured that their relative had all the support and equipment they needed at all times.

A complaints procedure was available around the service. The procedure informed people of how to raise a concern or complaint about the service they received. People and their family members told us that they would speak to particular staff if they had a concern. The registered provider had a system in place to record all complaints and concerns raised regarding the service and copies of all letters and investigations and actions taken were maintained of any complaints made.

Is the service well-led?

Our findings

A manager was in post who was registered with the Care Quality Commission. There was a clear line of accountability within the service and people using the service, their relatives and staff were aware of who the registered manager was.

Family members spoke positively about the registered manager. Their comments included "Very approachable", "The manager is very transparent and accessible. Is always supportive of family members" and "The manager asks us our opinions on the service". A visiting health care professional told us positive things about the management of the service. Their comments included "The registered manager has turned the service around, 110%, the registered manager, knows people's needs".

Quality monitoring systems were in place to monitor the service that people received. For example, regular checks were made of people's living environment, care planning documents and medication. In addition to these regular checks made by the registered manager, representatives of the registered provider's senior management team visited the service periodically to monitor the service. Since the previous inspection a new electronic quality monitoring system had been installed which enabled the registered manager to record and monitor, along with the registered provider the effectiveness of the service. For example, to monitor accidents and incidents, the dependency needs of people using the service, staff training and the safety of people's living environment and equipment in use. The system in place allowed for any actions required following an audit to be recorded and to record action taken in relation to improvements made.

Effective systems were in place to gather the views of people and their family members about the service delivered at Maple Lodge. Where required and requested changes to the service had been made. Resident and relatives' meetings were arranged and took place periodically throughout the year. Minutes of these meetings were displayed on the notice boards around the service. Accompanying the minutes was a list of "You said" "We did". This information demonstrated what actions had been taken following issues raised at the meetings. Actions taken had included people having the opportunity to move bedrooms, and in response to relatives comments about staffing ratios' an additional member of staff was on duty during the afternoon and evening.

A survey asking people for their views on the quality of the food they received had taken place. Twenty-six people responded to the survey. People were asked for their views on the quality of the food, portion size, food temperature and presentation and the quality of the dining rooms. In addition, people's views were also sought in relation to the ambience of the dining room, the helpfulness of staff and efforts to satisfy people's individual requirements. Following the results of the survey action was taken to improve people's mealtime experience. For example, in relation to the temperature of meals served, the review of variety of snacks available and the type and variety of evening meal provision. Following on from the survey family members had been invited to a tasting session to sample new meals being considered for the menus. This demonstrated that the service was responding to people's views.

The registered provider had a comprehensive set of policies and procedures that were available to all staff

within the service. The documents are developed to assist staff in using the correct legislation and best practice when delivering care and support to people. These policies and procedures were regularly reviewed and updated by the registered provider.

Procedures were in place to ensure that people's personal information and records were stored appropriately. For example, paper records were stored in lockable rooms or cabinets. Electronic records were password protected which ensured that they were only accessible to staff requiring the information.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

The rating following the last inspection was prominently displayed near to the entrance of the service making it accessible for all to see. The registered provider had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.