Knights Care (2) Limited

The Maple Care Home

Inspection report

Dover Road
Stockton on Tees
Cleveland
TS19 0JS

Tel: 01642733580
Website: www.knightscare.com

Date of inspection visit:
02 May 2018

Date of publication:
22 May 2018

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 2 May 2018 and was unannounced, this meant the provider and staff did not know we would be visiting.

The Maple is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Maple was registered for 63 beds and accommodated 47 people at the time of the inspection. 14 people lived on the ground floor, 11 people on the middle floor and 22 people lived on the top floor.

The service was last inspected January 2017 and we found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We found concerns relating records not being fully completed, audits were not effective and although feedback was sought no action was taken following the results. Following that inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the rating of the key questions to at least good. At this inspection we found the service had improved to good.

The provider had introduced electronic care plans. We found these easy to navigate and records were now fully complete. There were some care plans in place that were not relevant to the person, the registered manager was arranging for these to be removed. Care plans contained detailed information about people's personal preferences and wishes as well as their life histories.

Audits took place and action plans were developed and addressed. Feedback was sought for different areas of the service, for example feedback on laundry, activities and the menu. We could see an action plan was produced and followed in response to people's comments.

Risks to people arising from their health and support needs as well as the premises were assessed, and plans were in place to minimise them.

People received their medicines safely, however work was needed to improve the application of topical medicines, this was addressed the day after the inspection.

People were supported to access the support of health care professionals when needed.

Safeguarding principles were well embedded and staff displayed a good understanding of what to do should they have any concerns.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff received effective supervision and a yearly appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a varied and nutritional diet that met their preferences and dietary needs.

The interactions between people and staff showed that staff knew the people well.

The management team were approachable and they, and the staff team, worked in collaboration with external agencies to provide good outcomes for people. People, relatives and staff felt any concerns would be taken seriously and acted on.

Further information is in the detailed findings below.

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 had improved to good

People received their medicines as prescribed, topical application records needed improvement.

Risks to people were assessed and plans were put in place to minimise the risk.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed. There were enough staff on duty at all times.

Is the service effective?

Good

The service had improved to good

Staff received up to date training and were supported through supervisions and a yearly appraisal.

People were happy with the food provided and received choice. Cultural diets were provided if needed.

Staff fully understood their responsibilities under the Mental Capacity Act (MCA) and consent was sought.

Is the service caring?

Good

The service remained good.

Is the service responsive?

Good

The service had improved to Good

Care records were written in a person-centred way.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service had improved to Good

Quality assurance audits were completed and an action plan produced and followed.

People, relatives and staff had various opportunities to provide feedback about the service. All feedback was acted upon.

Staff felt supported by management.

The Maple 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 on 2 May 2018 and was unannounced.

The inspection team consisted of one adult social care inspector, one pharmacy inspectors, a specialist professional advisor (SPA), who specialised in dementia care and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the 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.

During the inspection we spoke with seven people who lived at the service and three relatives via telephone after the inspection. We looked at six care plans and six staff files. We looked at how the service managed medicines. We spoke with the provider, the registered manager, the deputy manager, six care staff members, the cook, the handyman and two activity coordinator's.

Good

Is the service safe?

Our findings

We asked people and their relatives if they felt safe at The Maple. People we spoke with said, "I feel safe living here and well looked after. I don't have to worry about anything." Another person said, "I feel safe whilst I am hoisted into my wheelchair." A further person said, "The best thing about living here is the safety." And another person said, "I feel safe here, but don't like people coming into my room, the carers do chase them." We fed this information back to the registered manager who agreed to look into it.

A relative we spoke with said, "We have no safety concerns, my [named relative] is very happy." Another relative said, "My [Name] is really happy here, they are safe, there are enough staff, even at weekends."

We looked at the systems in place for medicines management and found they minimised risk and kept people safe.

The records for oral medicines had been completed correctly. However, the medicine administration records (MAR) for creams applied by care staff, did not accurately reflect how they had been applied. The home had body maps in place with information for carers on where to apply and the frequency of application. We were told that senior care staff signed the MAR to show creams had been applied after confirming with carers however records we looked at did not match with the creams in use. For example, one person we looked at; the MAR had been signed by staff to show application yet no new stock had been ordered for two months consecutively and creams we found were unopened. This means we could not be sure that creams in the home were applied as prescribed. After our inspection the home introduced new processes for recoding the application of creams by care staff, however these needed to be monitored to ensure they became embedded in practice.

We looked at records relating to self-administration in the home and found they were not in line with the homes medication policy. For example, we looked at one person where staff told us they were self-administering creams in their own room however no risk assessment had been completed. We also found no reference to self-administration in this person's care notes.

We looked at how medicines were stored and found that they were stored securely. Medicines which required cold storage were kept in fridges within the medicines store rooms. The provider had a clear policy in place regarding environmental monitoring however this was not always followed by staff; for example, on all units staff did not consistently record minimum and maximum fridge temperatures.

We saw that controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were appropriately stored and signed for when they were administered.

We looked at when required protocols and found they were not always accurate and lacked detail. For example, one protocol for a medicine used to treat constipation detailed a maximum dose which was twice the recommended range. A second person was prescribed a medicine for pain relief; the protocol available

did not match the prescribed instructions on the MAR. In addition, all protocols we looked at did not have a date of review. Therefore, we could not be sure staff had sufficient information to administer when required medicine appropriately.

We looked at the processes for auditing medicines within the home; whilst the audit tool was extensive and collected a lot of information we found it had not picked up on some of the issues we found on the day of inspection.

The home had made efforts post inspection to implement new procedures for the issues we had found. For example, producing new documentation around the recording of creams and a new template for fridge monitoring however we could not see the full effects of these changes as they were not yet embedded in practice within the home.

The provider was reviewing 'when required' protocols and the procedures around the management of topical medicines to ensure the new processes are embedded in practice.

Staff we spoke with had been trained in safeguarding and displayed a practical understanding of their safeguarding responsibilities. They described potential risks, types of abuse and what they would do should they had concerns. Staff were confident they could raise concerns with the manager and external professionals if need be. One staff member said, "I would always raise concerns it is my job for the safety of the residents." Another staff member said, "I have no concerns at all, if I did I would raise them immediately with the manager or with safeguarding."

Risk assessments were in place which identified risks and detailed the measures to minimise harm whilst empowering people to undertake an activity. Some risk assessments were quite generic and needed more detail to make them person centred. For example one person was at risk of agitation and the risk assessment stated that staff were to use distraction techniques, however these were not documented.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as electrical testing were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors and water temperatures. Records showed fire drills for both day and night staff were taking place monthly. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may have required support to leave the premises in the event of an emergency. This showed that the provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were monitored monthly for trends or patterns. The registered manager did a falls analysis where they looked at the area the fall took place, the time of the fall, if it was witnessed or unwitnessed, was there an injury and what the nature of the fall was. We saw the falls team were involved where necessary and due to most falls taking place in people's bedrooms, sensor mats had been put in place where needed.

We saw there were enough staff on duty to support people throughout the day and night. There was a senior care worker and two carers on the ground and middle unit and a senior care worker and three care workers

on the top unit.

One person who used the service said, "There are plenty of staff on duty, even at nights and weekends, staff come quickly if I use the buzzer, I don't have to wait long."
A relative we spoke with said, "There is a very low staff turnover and mature carers employed."

Staff we spoke with said, "Yes there are enough staff," and "Yes we have ample staff for all three units."
Another staff member said, "We have enough staff at present and I think the home would benefit from more community access for those who would benefit from it, more activity would be great but it is at a good level now."
Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

The service was warm, clean and tidy with no areas of malodour. We saw staff using personal protective equipment (PPE) such as disposable aprons and gloves. The kitchen had been awarded a five-star hygiene rating by Environmental Health. One person who used the service said, "The home is clean and tidy, rooms are nice, there is nothing I could improve."

Good

Is the service effective?

Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. One staff member said, "Training is ongoing, I am doing first aid training next week, it is face to face training, not online." Another staff member said, "Mandatory [required] training is up to date and we have external training on a variety of topics including from the NHS. I do get enough education and support to be able to do my job." We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that are expected.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member said, "We feel supported and have regular supervisions. We wouldn't worry about any issues, we would go straight to see the manager."

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 make 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 mental capacity assessments and best interest decisions in all files read. These reflected best practice in being decision specific and covering all necessary care interventions and restrictions of liberty for those who could not consent to these, they were not generic but reflected the needs of individuals. Staff displayed a very good understanding of the nature and scope of the law.

People were very complimentary about the food. One person said, "I am a fussy eater, so I don't eat well. I don't fancy it when it comes, so I eat a lot of toasted tea cakes. The staff offer me all sorts to try and get me to eat and encourage me to eat more." Another person said, "The foods very good, there is a different menu every day. I like it a lot and there's an alternative if I don't like anything. You can talk to the cook, they like to hear your views on the food and the menu. The portions are just the right size. I get enough to eat and drink, I never go hungry." And another person said, "The food could be better, it's a bit predictable." A further person said, "The food is good, you pick what you want each morning. They'll cook something else if you don't like what's on the menu. I eat well here and they give you drinks all the time. The meals are big enough."

A relative we spoke to said, "The food is really good, fish and chips on a Friday, proper food."

We observed meal times on all floors and saw plenty of interaction between staff and people who used the service. Menus were displayed on chalk boards and the meal was unhurried. We saw people were offered a choice of where to eat their meals, if they wanted to eat at that time and a choice of food.

We spoke with the chef who said, "We try to provide a varied menu with choice for all, we have two omelette alternatives for tea today." We asked the chef how they were aware of people's requirements, they showed us files of information and said, "Staff provide me with information on peoples likes, dislikes or specialist needs. I provide fortified meals (adding extra nutrients) Kosher, vegan, Halal and gluten free if needed, we can cater for anyone."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, social worker, psychiatrist and dentist. People we spoke with said, "The physio comes to do exercises with me." Another person said, "The chiropodist visits me." A relative we spoke with said, "[Relatives name] gets visits from the chiropodist and the district nurse, the staff will always ring me if my relative needs attention." Another relative said, "They let me know how [Name] is doing during the night."

We found the premises were well kept and well decorated. People's bedrooms were individually decorated with personal belongings. One person said, "I have a nice room, I'm happy to stay in this room. There's nothing I would change." Another person said, "My rooms kept how I want it. They meet my needs all the time." And another person said, "They [staff] ask have you got everything you need for your bedroom." The provider explained they had a refurbishment plan in place and were starting with the middle floor.

Good

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were good, kind and respectful. Comments included, "All the carers are very good, they will do whatever I ask them to do, we have a joke and a laugh." Another person said, "You get looked after here, the staff are good, they are all good." And another person said, "They are good staff, one or two rush a bit, others take their time. They speak to me fine, we have a nice chat and a smile."

One person said, "Well it is good to get around and I can go where I like, I love the eating and the dancing. They [staff] are lovely and kind to me what would I do without them, am happy enough for me."

Relatives we spoke with said, "It is very good care here, we visit four or five times a week and staff attitude is very good."

One staff member said, "I particularly enjoy giving care and being hands on, the families are lovely and work with us."

Peoples' equality and diversity was respected. Staff had completed training in equality, diversity and human rights and adapted their approach to meet people's individualised needs and preferences. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service. One staff member said, "We are all the same, everyone is treated the same no matter of their religion etc." Another staff member said, "I treat everyone the same and as I would like to be treated."

There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. For one person it was important to them to celebrate events such as Easter and Christmas. We saw evidence to show that people received visits from people representing their chosen religion. One staff member said, "We have the local church visiting for Holy Communion." One person we spoke with said, "They [staff] don't rush you when you have a bath or shower, the water is hot enough and they meet my needs all the time."

People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. People we spoke with said, "Staff do listen to me." Another person said, "They speak to me well and they listen to you." A relative we spoke with said, "I feel I am listen to, I know the staff and my [relatives name] feels comfortable here." A staff member we spoke with said, "[Person's name] has difficulty communicating their needs but if you sit and listen carefully you can get the gist of what they are trying to tell you."

Staff had a good understanding of the importance of promoting independence and maintaining people's skills. Staff we spoke with said, "We always encourage independence, one person was quite independent but then went into hospital, they came out and couldn't walk, we have worked with the person and built up their confidence so they are now walking with their frame."

We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished. Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends. One person said, "My relatives can visit anytime." Another person said, "My daughter and my old neighbour's come and visit me, along with people from church." And another person said, "My family can pop in anytime they want. Sometimes they have the dinner with me." A relative we spoke with said, "We can visit anytime we want to and we are welcomed when we visit, the home are happy for our dog to visit too."

People's privacy continued to be respected and consistently maintained. We observed staff did not enter people's rooms without the person's permission and information held about people was kept confidential.

No one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. There was information available for people if they wished to use an advocate.

Good

Is the service responsive?

Our findings

Staff understood how to deliver person centred care and could easily explain how a person preferred to be care for. Person centred care is care that is centred on the person's own needs, preferences and wishes.

We looked at six care plans and assessments in detail and saw these were comprehensive and included people's likes, dislikes and preferences. The care plan included information on people's history up to moving into The Maple. The care plans detailed information on how a person wished to be cared for. For example, one person liked to reminisce about their past working life and another person always like to be dressed smartly. The care plans also contained detailed information about a person's routines, rituals and why they did certain things. This meant staff were aware of certain behaviours and understood the reasons behind them.

We saw a 'My voice my choice' document completed for everyone which highlighted people's preferences and how best to support them and what was important to them.

Records showed that staff had worked in partnership with the individual, their relatives and professionals involved in their care to develop a support plan outlining how people needed and wanted to be supported. We saw evidence of pre- admission assessments and admission assessments before a full and more detailed plan was in place.

Each plan contained guidance for staff to ensure people received the support they required consistently. They covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, medicines and personal safety and risk. However, not all the care plans contained actions for staff to follow if a person became anxious although they did state the signs of anxiety. For example, one person was prescribed a medicine for anxiety and agitation. The care plan for this medicine stated that distraction techniques were to be used before administering the medicine, yet none of these techniques were documented. Staff could easily explain what they did and we saw this person very rarely received the medicines. The registered manager agreed to update the person's care plan.

People were happy with the activities on offer and told us about the social events and outings that were available. Those that did not take part advised that they knew of the events and could participate in them if they wanted to. Examples given were arts and crafts, bingo and quizzes.

People we spoke with said, "I get involved with anything that's going on in the home, bingo, dancing, exercises on chairs. I do get to chat with the carers, we have a laugh." Another person said, "I like the bingo, the music and the exercise sessions."

On the day of inspection, people had been out to a local garden centre to buy hanging baskets and bird feeders. An activity coordinator said, "Wednesday is our usual day for trips out, we go to the community centre, local park, the Shack (community centre) or Aldi." The activity coordinator went on to say, "We sit on the patio and play card games, we do armchair exercises, singalongs, tea dances, colour therapy and cake

and biscuit decoration, we also do one to one activities."

The registered manager had recently held a meeting with people who used the service to talk about activities. The feedback was that people did not like the activities and they did not get enough exercise. An action plan was produced following the meeting. A full four week picture timetable was produced and the activity coordinators developed a file that documented who had joined in which activity and if they enjoyed the activity. Following this piece of work people found activities had improved and were very positive about what was provided. This meant the provider was acting on what people said and using their voice to gain improvement.

A staff member we spoke with said, "There are enough activities on now, they [people] go out at least once a week, but they all really love the tea dance which we put on every Saturday. It is old time dancing, they have shandy or wine with lemonade, they really enjoy it."

There was a clear policy in place for managing complaints. The service had received two complaints since our last inspection and we saw these had been fully investigated with an outcome to meet the complainant's satisfaction. One person said, "I've never needed to complain about anything, there is nothing I would change about living here."

We saw the service had received many compliments and thank you cards, where staff were praised, and the terms, 'exceptional' and 'best quality of life' were frequently written as well as 'kind', 'compassionate' and the 'highest standards'.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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.

At the last inspection in January 2017 the service was in breach of Regulation 17 due to records not being fully completed, audits not picking up all concerns found and no actions plans following surveys.

At this inspection we saw quality assurance audits were embedded to ensure a good level of quality was now maintained. The results of which were analysed by the provider in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. However, the medicines audit did need to be more thorough as this did not highlight all the concerns we raised, such as issues with the topical MAR charts.

The service had a strong emphasis on team work, communication and providing a homely atmosphere. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together as a team. One staff member said, "The best thing about this home is the residents and the staff, it is one big happy family."

The registered manager said, "The Maple has a great team who care passionately about the residents and how they are cared for. The residents are safe and happy and we have created a calm and inviting environment."

Staff meetings were held at which staff had the opportunity to discuss people's changing needs and the running of the service. We saw minutes of the meetings were maintained and made available to staff who had not attended the meetings. They detailed matters discussed at the meeting, actions that were needed to be taken and by whom. One staff member said, "The meetings are two way meetings between staff and management, no one is afraid to input."

Staff we spoke with said, "I have never had a problem with management, they are approachable." Another staff member said, "The manager is very supportive, they walk around and speak to staff and take time with the residents every day." And another staff member said, "The manager is wonderful, they are available and supportive, nothing is too much trouble." A further staff member said, "The best things about the job are that it is a good company to work for and is well run. The mangers are very supportive as is the owner they are interested and involved and always there to give advice."

We asked staff what they thought the culture of the service was and what the provider's values were. One staff member said, "The culture is a happy and open culture." And "We value keeping everyone safe, happy and well looked after."

The registered manager said, "We strive to provide an outstanding level of care to every single person, we offer a personal and individual service to sustain quality of life. We are a family run service that is passionate about positively influencing the lives of everyone we care for. We have an open, positive and inclusive atmosphere throughout the home where social activity is the forefront on a daily basis. Where there are home cooked foods and staff give a high standard of care to every individual.

A visiting healthcare professional said, "It is lovely here, I have no concerns at all, communication is much improved and it a pleasure to visit. Of all the homes I go to this is one of the best, staff are cooperative, informed and caring."

People who used the service and relative meetings took place every two months. During these meetings they were asked how they were, and discussed menus, complaints procedure, activities and the hairdresser.

The relative we spoke with said, "The manager is great, they are responsive. I know all the names of the staff, it's a really good atmosphere here. The cleaners are great too. They didn't have a handyman here for a while, so the new one is catching up with the outstanding jobs. I've never been to a relatives meeting here. They do send me regular questionnaires, but I don't always get around to completing them."

We asked the registered manager what their biggest achievement was, they said, "Working my way up within care homes from being kitchen assistant to the position I am now. I am now able to share my experience and knowledge as well as have the influence to carry out my own values in order to improve my setting and the service we provide."

The service had links with local churches who visited to sing hymns, read the bible and provide holy communion and children from a local nursery and school also visited.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The registered manager was keen to learn from any of our findings and receptive to feedback. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.