Mrs Maria Mapletoft

The Maples

Inspection report

27 South Coast Road
Peacehaven
East Sussex
BN10 8SZ

Tel: 01273582070

Date of inspection visit:
12 October 2016

Date of publication:
15 December 2016

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 12 October 2016 and was unannounced.

The Maples is registered to provide residential care for up to 24 older people. At the time of the inspection there were 21 people living at the service. Two people were in hospital. The service is not registered to provide nursing care and when necessary people were supported by the community nursing team.

The last inspection of the home was carried out on 9 July 2013. No concerns were identified with the care being provided to people at that inspection.

There was a manager who had been in post since April 2016 who had commenced their registration with us and was awaiting their registration interview. 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. People and staff had confidence in the new manager and said they had had a positive impact on the home.

The service was well led. However, some improvements were required to the ways in which issues identified in the home as needing improvement were actioned. The provider and manager agreed to improve the systems of formal quality assurance to ensure issues were addressed within an agreed time frame.

People living at The Maples told us they were very happy with the care and support provided. The manager and staff cared about their personal needs and preferences. One visitor told us "They do seem to know them well." One person told us ""We have no worries at all here. We are well looked after."

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. There were checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People were supported by sufficient numbers of staff who had knowledge and understanding of people's personal needs, likes and dislikes. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care and/or a relevant representative.

People enjoyed the food in the home. They had a choice of food and staff catered for people with specific dietary needs and preferences when required. Food was plentiful and the size of people's meals varied according to their appetite and preferences.

People were able to take part in a range of activities according to their interests. Activities included musical entertainments, arts and craft and quizzes. People wanted to be able to access the garden more easily. This was discussed with the provider who told us plans were in place to improve the outdoor facilities.

Medicines were administered safely. Medicines were administered by staff who had received suitable training. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

People had access to a range of health professionals. Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs.

All incidents and accidents were monitored, trends identified and learning shared with staff and put into practice. The registered manager was supported by a regional operations manager who supported them with their one to supervision and identifying day to day issues in the home.

Each person received a copy of the complaints policy when they moved into the home. None of the people we spoke with had any complaints about the quality of care they received.

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

There were systems to make sure people were protected from abuse and avoidable harm.

Staff had a clear understanding of how to recognise abuse and report any concerns.

There were enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so

Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of activities was in place to offer people entertainment and enjoyment.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Requires Improvement

The service was well led however some improvements were required to the ways in which issues identified in the home as needing improvement were actioned.

People and staff were supported by a manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

The Maples

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.

The inspection was completed by one adult social care inspector and was unannounced.

We looked at all the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people and two visitors about their views on the quality of the care and support being provided. We spoke with the manager and the provider and six staff members. We observed care practices and interactions in communal sitting room and dining room. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included six care plans, three staff personnel files, the records related to the administration and storage of medicines, minutes of meetings and records relating to the quality monitoring within the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Maples. Relatives also told us they thought their family members were safe. One visitor told us "There are always plenty of staff around, bells seem to be answered quickly". One person told us "We are absolutely safe. You can't fault them here." Another person, when asked if they felt safe told us "Of course we are safe. I could recommend this place to anyone." Another person said "We have no worries at all here. We are well looked after."

Throughout the inspection we saw people received care promptly when they asked for help. People had access to call bells which enabled them to summon assistance when they needed it. One person said "I am a bad sleeper but they keep a good eye on me all night. I have a cup of tea about four. But you can have another anytime you like. I am not refused anything."

People were supported by sufficient numbers of staff to meet their needs and keep them safe. One person told us "We are not neglected ever. Staff come along and help you." Another said "We are very safe. There is always someone to answer the bell." Staff told us they felt there were sufficient staff to support people at all times and that they worked together as a team to support each other. Senior staff felt they were able to discuss staffing levels and ask for extra staff if they were needed.

Risks of abuse to people were minimised because robust recruitment procedures were followed. The recruitment records contained a range of evidence that showed all new staff had been thoroughly checked and were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed new staff did not commence work until all checks had been carried out. Staff members spoken to confirmed the manager had obtained references and a DBS before they started work.

People were protected from harm because staff had attended training in safeguarding people and had access to the organisation's policies on safeguarding people and whistle blowing. There was clear guidance displayed around the home on how to raise a concern if anyone witnessed or suspected abuse. Staff spoken to were able to discuss the procedures they would take if they felt anyone was at risk. The manager had developed close links with the local safeguarding team for any support or advice. Staff were aware of the procedures to follow to maintain the safety of people at all times. Staff were confident any issues concerns raised about people's safety would be promptly addressed by the manager.

Care plans and risk assessments supported staff to provide safe care. They were reviewed on a regular basis or when needs changed. The care plans contained information about risks and how to manage them. There was a management of personal risks form completed for each person. This was comprehensive and gave a clear view of the people's risks and how they should be reduced.

People who needed support with moving and handling procedures were seen to be supported by staff who understood how important it was to speak with people, reassuring them through the process and ensuring

they were comfortable and in the correct position at the end of the transfer.
People told us they felt safe living at The Maples. Relatives also told us they thought their family members were safe. One visitor told us "There are always plenty of staff around, bells seem to be answered quickly". One person told us "We are absolutely safe. You can't fault them here." Another person, when asked if they felt safe told us "Of course we are safe. I could recommend this place to anyone." Another person said "We have no worries at all here. We are well looked after."

Throughout the inspection we saw people received care promptly when they asked for help. People had access to call bells which enabled them to summon assistance when they needed it. One person said "I am a bad sleeper but they keep a good eye on me all night. I have a cup of tea about four. But you can have another anytime you like. I am not refused anything."

People were supported by sufficient numbers of staff to meet their needs and keep them safe. One person told us "We are not neglected ever. Staff come along and help you." Another said "We are very safe. There is always someone to answer the bell." Staff told us they felt there were sufficient staff to support people at all times and that they worked together as a team to support each other. Senior staff felt they were able to discuss staffing levels and ask for extra staff if they were needed.

Risks of abuse to people were minimised because robust recruitment procedures were followed. The recruitment records contained a range of evidence that showed all new staff had been thoroughly checked and were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed new staff did not commence work until all checks had been carried out. Staff members spoken to confirmed the registered manager had obtained references and a DBS before they started work.

People were protected from harm because staff had attended training in safeguarding people and had access to the organisation's policies on safeguarding people and whistle blowing. There was clear guidance displayed around the home on how to raise a concern if anyone witnessed or suspected abuse. Staff spoken to were able to discuss the procedures they would take if they felt anyone was at risk. The manager had developed close links with the local safeguarding team for any support or advice. Staff were aware of the procedures to follow to maintain the safety of people at all times. Staff were confident any issues concerns raised about people's safety would be promptly addressed by the manager. .

Care plans and risk assessments supported staff to provide safe care. They were reviewed on a regular basis or when needs changed. The care plans contained information about risks and how to manage them. There was a management of personal risks form completed for each person. This was comprehensive and gave a clear view of the people's risks and how they should be reduced.

People who needed support with moving and handling procedures were seen to be supported by staff who understood how important it was to speak with people, reassuring them through the process and ensuring they were comfortable and in the correct position at the end of the transfer.

Where people were at risk of weight loss this was highlighted in the care plans. People who were identified as at risk were weighed regularly. Where weight loss or gain had been identified, adjustments to their diet had been agreed with them, and progress towards a safe weight was monitored.

Medicines were administered by senior care staff. All staff administering medicines had received training in the correct procedures to follow. A competency check was carried out to ensure they remained up to date

with current best practice. Guidance was in place to ensure staff followed the correct procedures when administering medicines. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

Where people were prescribed medicines on an as required basis, for example pain relief, these were regularly offered to people to maintain their comfort. We looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found no errors.

People, their family and visitors were protected from risk as regular maintenance checks took place on equipment used in the home.

Risks to people in emergency situations were reduced because a fire risk assessment was in place and was reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of a fire.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us "Care is excellent. I could not fault it." Another person said "It is good care; night staff always check we are ok, that makes me feel secure". Visitors also felt their relatives were being looked after well, one visitor told us they had had some issues with the care their family member received but staff had been keen to address these.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people effectively. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. New staff had begun working towards the Care Certificate which is a nationally recognised introductory qualification.

Staff told us training opportunities were good, and they were able to undertake further training in health and social care and subjects relevant to supporting people who lived at the home. Staff were positive about their training opportunities and felt they were supported to develop and progress within the service. One member of staff said "We do get a lot of training. We get our up-dates when they are due." Fire training was in progress on the day of the inspection.

The training matrix identified training which had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training staff had undertaken, which included caring for people with dementia, safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA).

Care plans included MCA assessments and clearly stated if the person had capacity to agree and give consent. Most people in the home had capacity to consent. Staff confirmed their training had included the MCA. The manager confirmed if a person lacked capacity a best interest meeting would be held with the appropriate people. Staff knew how to support people if they were unable to make a decision, and respected people's legal rights to make choices and lifestyle decisions for themselves.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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. Documentation was seen where decisions had been taken which were the least restrictive and in the person's best interest.

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. The application 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 saw that where DoL's applications had been made, best interest meetings were held with the appropriate legal representatives, family and healthcare professionals. Following these meetings best decisions outcomes were made and recorded in the person care plan. Care plans contained evidence the correct procedures had been followed.
Staff received regular one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

People's nutritional and hydration needs were assessed and monitored to make sure they received a diet in line with their needs and wishes. Where concerns were identified, staff sought support from professionals such as GP's and speech and language therapists. Records showed where reviews had taken place, and risks had been identified, food charts where in place to evidence people's intake. When a person was too frail to be weighed alternative ways of assessing their nutritional status had been used.

We observed the lunchtime meal. Most people ate their lunch in the dining room. Tables were set to accommodate small groups. Most people enjoyed talking to the staff and each other. People were asked to choose from the menu for the following day. One person told us "They are very good. If you don't like what is on the menu they will get you what you do like. Today on the menu is poached fish and turkey. But I am having deep fried fish, mashed potatoes and mushy peas." Different portion sizes and choice of meals were provided as requested. One person said "I am not a big eater. A big meal puts me off. But I like what I like and there are some nice bits." Another person said "I am a small eater so they bring me nice small meals." People who required assistance with their meal were offered encouragement and prompted sensitively. People were all very complimentary about the food saying it was "lovely", "good, and very enjoyable "and "more than enough."

People were able to choose where they ate their meals. One person told us "I prefer to stay in my room. They bring my meals." People were seen to receive support which enabled them to receive good meal time experiences. The staff did not rush people allowing them sufficient time to eat and enjoy their lunch.

People had access to external health professionals. Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs. For example care records confirmed visits to the service from GP's when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments. Some people had been supported by the community nurses to receive wound or catheter care. Records showed wounds had healed. People were supported to attend hospital external appointments when required.

Good

Is the service caring?

Our findings

One person told us "It is wonderful here. I am very happy. Staff are very kind. I have no complaints." Other comments included "It is always nice. I don't have to do anything." "I absolutely can't fault the care" and "The carers are all very good."

Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged people. Staff had a good rapport with people and were seen to be friendly. As people came into the lounge in the morning they were helped into their chairs with patience and respect. Some people chatted to each other and enjoyed each other's company. Staff knew this and talked and joked as friends greeted each other. When staff entered the lounge they made it come alive. They made comments to people quietly that made them laugh. People said they could talk to any of the staff. One person said "We are well looked after. Staff are so kind and polite."

Throughout the day we observed care staff offered people drinks and biscuits. They all had a very kind, caring approach. We saw they always knocked on doors and checked people were not receiving personal care before they went in. People who remained in their rooms told us they saw people regularly during the day. One person said "I am never lonely or miserable. They are always popping in and out. Staff are always about. If I ring the bell someone will come."

When people required support with personal care this was provided discreetly in their own rooms. People told us staff treated them with dignity and respect. When people arrived in the communal rooms they looked smart and well cared for. One or two people had not accessed a hairdresser recently. We noted staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs.

Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. One person told us "I have my own cushions, bits and pieces. It's a little bit of home. This is my home now."

Whenever possible people were cared for in the home till the end of their lives. Staff told us they did their best to keep people as comfortable as possible and sort other professional help when needed. They told us about the skilled care they gave including looking after people's skin and mouths and keeping them pain free. One very frail person rested comfortably in their bed listening to music. Their care plan showed they had been given more care and supported as their care needs increased. The care plan indicated their care had been comprehensive, skilled and caring. Additional support was available from the GP and the community nurses to help the person to be comfortable and free from anxiety.

Good

Is the service responsive?

Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time, for example. One person said, "We are free to come and go but I prefer to stay in my room. I am nearly blind. I have my earphones and plenty of visitors. My family see I am alright." Another person said " I can go to the lounge if I want but I can't stand the noise. I can't stand people round me. They understand all this. "

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. The manager told us, people's care plans were created and reviewed with people. They were currently up-dating the format of the plans to make them easier to use. Care plans were comprehensive and gave staff information about the person's care needs and how they should be met. Where people needed staff to support them with tasks such as bathing, washing and dressing, the person's preferred method of support was clearly explained. Staff understood each person's needs and they were able to explain to us the assistance each person needed.

There were ways for people to express their views about their care. People's views were sought through resident meetings, meetings with the chef and annual questionnaires, families were also asked for their comments and if they could suggest any improvements. We saw that the most recent questionnaires provided positive feedback about the care provided in the home and the care staff.

A programme of activities and events included musical entertainers and a choir. Some people liked to dance, paint or do quizzes. Some people did not seem aware of the activities with one person saying "Nothing ever happens." All other people we spoke to gave an example of an activity they had enjoyed. On the afternoon of the inspection some people were joining in with a quiz lead by care staff. People said they would like to have more outings .There were comments about the garden. People would have liked access to the garden especially during the summer months. There were plans in place to improve the garden.

Each person received a copy of the complaints policy when they moved into the home. None of the people we spoke with had any complaints about the quality of care they received at The Maples. The complaints procedure had been an item for discussion at a residents meeting in February 2016. People were aware of how to make complaints and we saw that copies of the service's complaints procedures were displayed at various locations around the home. People told us they would raise any issues or complaints with staff. One person said "You can always talk to someone." Another person said "The new manager has been very good. They will sort you out."

Requires Improvement

Is the service well-led?

Our findings

People and staff told us they found the management team at The Maples were supportive. The manager was supported by care supervisors and senior care staff. People and staff said the new manager had "made a difference" in the home. One relative said "The new manager has been brilliant. They usually sort out the problems."

The manager had been in post for six months and was completing their registration with CQC. They were appropriately experienced and qualified and had a clear vision of the sort of home they wanted to run. In January 2016 a resident satisfaction survey asked people if they were satisfied with the friendliness and skill of the manager. Most people were very satisfied with a small number being satisfied.

Some improvements were required to the ways in which issues identified in the home as needing improvement were actioned. Minutes from staff meetings showed the meetings were structured to ensure staff were able to be open and honest and discuss any matters. However when an action had been agreed it was not clear when it would be completed or who would be responsible for completion of the action. This means it was not clear if actions to address issues in the home were completed in a timely manner if at all.

As part of the quality assurance system the registered provider visited the home regularly and produced a report. However when issues had been raised as requiring improvement there were no systems in place to agree what action would be taken and who would be responsible. For example for some time the small garden outside the lounge windows had needed attention. The uneven paving and lack of garden furniture meant it was not safe for people to use. While there were plans to improve the space at some time in the future the impact on people in the home who were not able to easily access outdoor space did not seem to have been considered. Reports noted some areas of the home were untidy. There was no action plan and no indication of what action should be taken. During the inspection we noted that some areas of the home were untidy and looked unkempt. For example in the communal lounge there were large piles of magazines which no one seemed to be reading. The small conservatory contained some dead plants. This means that an issue identified by the provider as needing improvement had not been formally addressed. Most of the home, particularly people's bedrooms were clean, tidy and fragrant. However the communal areas created a poor impression and did not reflect the good standard of care provided in the home.

Another area of concern was the hot water supply which had been erratic. Communications needed to be improved between maintenance staff and the manager and provider so that appropriate action could be organised. One visitor told us how concerned they had been about the lack of hot water for staff to wash their hands in some areas of the home. The manager and provider previously and believed the problem had been solved.

We discussed with the provider and manager the ways in which systems could be improved to ensure issues were addressed within a time frame. They were very positive and agreed to explore more formal systems of quality assurance.

The manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. They told us they had needed to settle in to the home and gauge what needed to be done. They told us they knew what they wanted to achieve and were focused on ensuring people in the home were happy and well cared for. They told us they understood the importance of leading a team as the things they wanted to achieve could not be done by them alone.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made. For example, if a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place. One person had fallen three times and there were clear notes to show their underlying health problems were being addressed.

As far as we are aware, the manager has notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities