

Methodist Homes

Mapplewell Manor

Inspection report

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Barnsley
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Ratings

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

Summary of findings

Overall summary

About the service

Mapplewell Manor is a residential care home that provides accommodation and personal care for adults with a range of care and support needs. This includes adults who are living with dementia. The home can accommodate up to 87 people in one adapted building over three floors. At the time of this inspection there were 84 people using the service.

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

Without exception, people and their relatives were very complimentary about Mapplewell Manor. People were cared for by staff who were highly motivated, compassionate and exceptionally kind. People's relatives and friends were enthusiastically welcomed into the service and they told us they thought the home was outstanding.

Staff consistently referred to the service as being 'one big family'. A relative had complimented the service by saying, "Mapplewell Manor is a breath of fresh air. Staff are well-trained and have a caring and supportive attitude towards everyone in their care. I highly recommend the home for its consistent care delivery and for going above and beyond my expectations."

Respect for people's privacy and dignity was consistently upheld and promoted. Staff continually evaluated whether the service supported staff to treat people with the utmost dignity and respect. Staff had made changes to the services to ensure the promotion of dignity was thoroughly embedded into every aspect of the service.

People received highly personalised care from a staff team who knew them exceptionally well. Staff had developed strong relationships with people and those close to them. Staff delivered compassionate and high-quality care to people at the end of their lives. This extended to people's family members. We found people's relatives had given numerous compliments to the home about the high level of support offered to people and their loved ones during and after the provision of end of life care.

People received excellent support and encouragement to take part in wide range of varied activities. Staff ensured there were numerous social opportunities available to people, to promote their well-being. Staff recognised people's skills and encouraged people to remain as independent as possible.

People living at Mapplewell Manor, their relatives and staff were full of praise for the registered manager and the way the service was run. The culture and values of the provider were thoroughly embedded. This meant people lived in an open, inclusive, welcoming service where people came first.

People received support from staff who were skilled, well-supported and well-trained. Staff delivered care which met people's needs and promoted their health. Staff worked very closely with community health professionals to ensure people received a seamless service.

Staff had time to sit and talk to people and actively engage them in decisions about their care. Staff were highly skilled in communicating effectively with people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Without exception, people and their relatives told us the service was safe. Risks to people were mitigated and staff knew how to protect people from abuse. The home was well-maintained, and it was decorated to a high standard. People were supported to personalise their rooms, so they truly felt at home. The home was very clean and people had access to any equipment they needed to remain safe.

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

Rating at last inspection

The last rating for this service was good (published 31 January 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Mapplewell Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by two inspectors, an assistant inspector and an 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.

Service and service type

Mapplewell Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means the manager and provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch (Barnsley). 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 all of this information to plan our inspection.

Due to the timing of this inspection the provider was not asked to complete a provider information return prior to the inspection. This is information we require providers to send us 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 used the service and six relatives about their experience of the care provided. We spoke with 17 members of staff including the deputy manager, care staff and other ancillary staff. We spoke with three community health professionals and the provider's area manager who all visited the service during this inspection.

We reviewed a range of records. This included five people's care records and various documents from one other care record. We checked multiple medication records and a variety of records relating to the management of the service, including three staff files and various policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

After the inspection

The registered manager was not present at the service on the day of this inspection, however we spoke with them on the telephone shortly after the inspection to gather some more information and some additional documents. The requested documents were provided in a timely manner and were used to inform our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse and they were all confident the registered manager would act quickly on any concerns they raised. The registered manager had made appropriate referrals to the local safeguarding authority, when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to reduce the risk of people experiencing avoidable harm. People's care records contained assessments of the risks posed to them, and guidance for staff about how to manage those risks. A person commented, "It's absolutely safe here" and a relative told us, "I have no concerns about the care [my relative] gets. It's really good."
- Staff completed regular checks of the building and the equipment they used, to ensure it remained safe. The home had safety certificates in place for the premises and the equipment they used.
- The provider had suitable systems in place to learn from any accidents or incidents. All accidents and incidents were recorded by staff and analysed by the provider, to try to identify any themes or trends. This information was used to help reduce the risk of repeat events and to make continuous improvements to the safety of the service.

Staffing and recruitment

- There were enough staff available to keep people safe and to meet people's needs in a timely manner. There was a continuous staff presence throughout the home and staff engaged well with people throughout the day. People commented, "There are enough staff, both in the day and at night. They're always there" and "There's always someone here to help you if you need it."
- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Using medicines safely

- People's medicines were ordered, stored, administered and disposed of safely, in accordance with good practice guidelines.
- People received their medicines, as prescribed. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Staff were patient and respectful when they supported people to take their medicines. They offered medicines to people in a discrete manner to promote people's privacy and dignity.

Preventing and controlling infection

- People were protected from the spread of infection. The provider had a policy which staff were required to follow to promote effective infection control practices and all staff received training in infection control.
- The home was very clean and well-maintained. A person commented, "It's really clean here. They keep my room very clean too."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider used effective systems, based on good practice guidance, to ensure people's needs were thoroughly assessed and kept under review. Staff assessed people's needs before they moved into Mapplewell Manor and a detailed care plan was written for each person, to guide staff in how to care for them.
- People and their relatives were involved in the assessment and care planning process to ensure care was delivered in accordance with people's needs and preferences.
- People and their relatives were very happy with the care they received at Mapplewell Manor. Their comments included, "I can't recommend it highly enough" and "[My relative] gets the support they need."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. Staff were happy with the training they received.
- People and their relatives thought the staff were knowledgeable and well-trained. One relative commented, "The staff seem to be really well-trained. They seem to be able to cope with anything."
- Staff received regular support and supervision to review their competence, discuss areas of good practice and to consider ways they could continue to improve. Staff told us they felt very well supported by the registered manager. They felt able to raise any concerns or questions with them.

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

- People's nutritional and hydration needs were met. When people required a special diet because of medical or cultural reasons, this was catered for. Kitchen staff were provided with information about people's dietary requirements and people's care records contained information about their dietary needs and preferences.
- A range of good quality food and drink options were provided. People and their relatives were happy with the food and drinks on offer. Comments included, "The food is excellent. There's a wide choice and it's well-cooked" and "The catering is second to none."
- Staff supported people to eat their meals in a sensitive and caring manner.

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

- Staff worked with other organisations to deliver effective care and support to people. Staff regularly sought advice from community health professionals such as the GP and district nurses. This supported staff to

achieve good health outcomes for people.

- Staff supported people to maintain their health. The community health professionals who visited the home on the day of this inspection said staff were very responsive to changes in people's health and made appropriate, timely referrals to their respective health services.
- People's relatives were happy with the support their family members received to access other services.

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

- The premises were suitably adapted to meet the needs of people using the service, including people living with dementia. Appropriate signage was displayed throughout the building to help people navigate their way around the home.
- The premises were well-maintained and decorated to a high standard. People were happy with the quality of their accommodation. One person commented, "This place is beautiful. It's lovely living here."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People's capacity to make decisions had been assessed, where appropriate. Staff understood the principles of the MCA and best interest decisions were recorded, when necessary.
- The registered manager submitted DoLS applications to the local authority, to ensure restrictions on people's liberty were correctly authorised. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware. The registered manager had oversight of the authorisations in place and when they were due to expire.
- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered. Staff asked people for their consent before they provided them with care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The home had an exceptionally strong and visible, person-centred culture, with staff who went out of their way to ensure people were treated well. The home had received exceptional compliments, praising the kind, caring and compassionate nature of the staff. One relative said, "I cannot speak highly enough about the standard of care provided to my [relatives]. Staff are incredibly supportive, caring and committed."
- Staff developed very strong relationships with people. Each person was matched with a key worker whose role was to develop a positive, trusting relationship with them. The development of these relationships supported staff to deliver highly supportive, person-centred care which promoted people's well-being. A relative had complimented staff's commitment to this, saying, "My mum's care is second to none, but I'd expect that. My mum's medication is professionally administered, but I'd expect that. My mum's hygiene is a priority, as it should be. My mum's safety is paramount to all concerned. What I didn't expect was my mum's personality, sense of humour and nature to be so specifically catered for, to ensure she remains close to the woman she once was."
- Staff had completed some experiential learning exercises which had a significant impact on how they delivered compassionate care. They took part in a simulation to help them understand the effects of living with dementia and experience what it was like to receive care at the service. This experience caused staff to reflect on their practice and proactively make changes to the service, to improve the experience of people living with dementia. For example, staff realised the trolleys they used to transport items around the home were noisy and this could negatively affect people living with dementia, so all trolleys were replaced with quieter ones.
- The promotion of equality and diversity was thoroughly embedded in the service. This approach supported staff to truly respect people as individuals and protect people from any discrimination which may occur, for example because of a person's sexuality, race or religion. Staff had encouraged a person take an active role in various events involving the church as they recognised their passion and enthusiasm for religious activities. This led to the person leading a Christmas service at the home, alongside the home's chaplain.

Supporting people to express their views and be involved in making decisions about their care

- Staff were highly skilled at ensuring people were able to express their views. They had an especially good understanding of people's communication needs and the differing levels of support people may need to communicate day to day. They used this knowledge to empower people to make their own choices and remain as involved as possible with decisions about their care.
- Staff went out of their way to spend time listening and talking to people. Staff communicated very effectively with people to ensure they had ownership of and directed their care. This was thoroughly

embedded in staff's practice. We observed staff were continuously present in the communal areas of the home. They regularly moved around these areas, to sit next to a different person, to engage with them. This ensured everyone had regular opportunity to indicate if they needed or wanted anything.

- The provider and staff placed people at the heart of the service. A relative had commented, "My [relative] truly enjoyed their life at Mapplewell Manor. Accommodation, facilities and food were excellent. But, most importantly, we sincerely believe that the love and care they received from staff could not be bettered. It was particularly heart-warming to observe staff going out of their way to enhance the latter stages of my [relative's] life."
- People's relatives told us the registered manager and staff engaged extremely well with them. People's relatives were involved in the planning and review of their family member's care, where this was appropriate. Staff ensured people's families were informed of any developments in their care, where they had permission to do so. Staff balanced respecting people's privacy and confidentiality with maintaining open and honest relationships with people and their families.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with the utmost dignity and respect. Respect for people and the promotion of dignity were at the heart of the provider's culture and values. These values were thoroughly embedded in the support staff provided to people.
- Two staff members were 'dignity champions'. They monitored staffs' interactions with people to ensure respect for people's privacy and dignity was always upheld and to assess if staff practice could be improved in any way. Through their focus and drive for continuous improvement in this area, staff had implemented new ways of working which further promoted and upheld people's dignity. For example, staff carried continence products around the home in patterned shopping bags, to help avoid people feeling embarrassed and so it was not obvious when a person had received support with their continence or personal care needs.
- Respect for people's right to privacy and confidentiality was consistently sustained by the provider's culture and values. Senior staff regularly monitored confidentiality processes, to ensure they were thoroughly embedded. Staff worked hard to ensure people's bedrooms were their own private space and had helped people to personalise them to reflect their interests and history, so they truly felt at home. People were in control of who could access their room and when; we saw 'do not disturb' signs in use which enabled people to have private time in their bedrooms.
- Staff recognised people's skills and encouraged people to use them; this supported people to retain as much independence as possible. For example, a person gained a lot of satisfaction when assisting the housekeeper with their daily tasks. Staff provided the person with equipment and supervision, and this supported them to remain meaningfully occupied and skilled. Other people were provided with adapted plates and cutlery to support them to eat their meals independently and retain skills in this area.
- People's friends and relatives were enthusiastically welcomed into the home. The home kept in touch with relatives who previously had family members living at the home. Many relatives continued to visit the home even when their loved ones no longer lived there, as they continued to feel part of an extended family.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The range of activities on offer to people living at Mapplewell Manor was extensive and varied. This supported people to live meaningful, active and fulfilling lives. People told us, "There's always plenty going on." The planned activities led to numerous social opportunities for people and encouraged the development of new relationships with others. Staff had supported two people to take part in a pen-pal programme with a person living in a different care home. This then progressed to them wanting to meet their pen-pal in person; staff were supporting them to arrange this.
- Staff were exceptionally enthusiastic about the activity programme and provided excellent support to people in this area, to help enrich their lives and ensure they were meaningfully occupied. The staff team were supported by a team of volunteers who regularly visited the home to support people with their social needs. This provided additional opportunities for people to interact and socialise with others on a one-to-one basis.
- Activities were individualised to suit people's personal preferences, based on their interests and past experiences. Staff proactively consulted with people about their interests and thought of ways to fulfil them. Relatives had praised the social stimulation provided at the home and the positive effect it had on their family members. One relative commented, "My [relative] is stimulated, their mental health has improved, and they are eating more now."
- Staff actively supported people to take part in things they had not experienced before, and they explored people's unfulfilled desires to see if they could help them achieve them. A person told staff they wanted to have a ride in a limousine. Staff arranged for them to be picked up from the home in a limousine and they were driven around the area they used to live in. Staff made this event extra special by ensuring the person's old neighbours were told about it, so they could come out and wave to the person as they were driven by.
- People were supported to maintain religious, cultural or spiritual connections. The provider had a strong focus on spiritual well-being. The home employed a chaplain to provide companionship and one-to-one pastoral support for people, irrespective of their faith. Staff demonstrated a clear commitment to respecting people as individuals and encouraging diverse beliefs.

End of life care and support

- The provider had comprehensive systems in place which supported staff to deliver highly personalised and compassionate care to people at the end of their lives. Staff supported people to complete a 'final wishes' care plan which was exceptionally detailed and ensured people could express exactly what they wanted to happen in the final days of their life.
- Staff received numerous compliments from people's relatives, who praised them for being incredibly

supportive and compassionate when caring for people at the end of their life. A relative commented, "It was particularly heart-warming to observe staff going out of their way in order to enhance the latter stages of my [relative's] life." Another relative said, "True to form, during the last few days of [my relative's] life, the staff were fantastic and supported us so well, in not only looking after [name of family member] but in dealing with the medical staff involved."

- Staff provided people's family and friends with effective emotional support and guidance, both when their family member was nearing the end of their life and after their death. The registered manager told us people's families were never forgotten after their loved one had passed away; the home continued to invite them back to the service and acted as an extended support network.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received highly personalised care, which met their needs and was delivered in accordance with their preferences. Without exception, people and their relatives were happy with the quality of the care they received at Mapplewell Manor. A relative commented, "I'm just completely satisfied and have been for six and a half years. It's outstanding."
- People were involved in the development of their care plans via a thorough assessment and review process, to ensure personalised care plans were created. People's care plans included detailed guidance about how to support people, considering their specific preferences, likes and dislikes. For example, one care plan contained detailed guidance about how staff should support a person to engage in music therapy. It not only explained the practical support staff would need to provide, but also what they could do to ensure the session took place in the most beneficial way for the person.
- People told us staff were exceptionally responsive and met their needs. People commented, "I never have to wait when I ask for something. Staff are really helpful" and "It's like living in a hotel – the service is excellent." Staff tailored the support they provided to each person. For example, staff supported a person to use a therapy doll to alleviate anxiety. Their care plan contained detailed information about when and how the person may respond well to this. We observed the beneficial impact it had on the person during this inspection. They were engaged with the doll during the day and it supported them to remain calm.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and met. People's care records contained very detailed information to support staff to communicate effectively with people. Communication support plans were evaluated every month to ensure they were accurate and provided staff with up to date information about how to best communicate with each person.
- Information was made available in a variety of formats to support effective communication. Staff had developed communication tools to use with two people whose first language was not English. This allowed people to show staff the words they were trying to communicate in their own language, at times when they were struggling with English. This helped to alleviate them experiencing frustration due to communication barriers and supported staff to ensure their needs and preferences continued to be met, even at times when they could not verbalise them.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure, which was followed by the registered manager and staff.
- Relatives told us they felt able to raise any issues or concerns with the registered manager. One relative

commented, "I can't think of anything to complain about at all."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider had a very clear vision and values that were thoroughly embedded in the day to day service provided by staff. It was evident the home had an open, inclusive and welcoming culture, where people using the service came first and their satisfaction was a priority. This supported staff to continually aspire to achieve good outcomes for people and led to high-quality care being delivered.
- Staff spoke very highly of the registered manager and the way the home was run. Their comments included, "The manager doesn't do it for the brownie points. It's from the heart and that's why I'm still here" and "[Name] is a fantastic manager. She's really enthusiastic. She really cares for the staff, residents and community."
- Staff were very supportive of each other and worked collaboratively. The staff team displayed compassion, kindness and empathy towards each other. Staff commented, "We speak to the manager and deputy if we have any issues, but we are a strong team and supportive to each other" and "It's really good. Everyone is supportive, friendly and professional." The support staff offered to each other contributed to the staff team having a very positive morale. This led to a low turnover of staff which meant people were cared for by a consistent staff team who knew them very well.
- People and their relatives were highly complimentary about the way the service was run, and their impression of the service as a whole. Their comments included, "The manager is so good", "This place is exceptional" and "Mapplewell Manor is the best by far."

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

- Staff had numerous opportunities to have input into the development of the home. They were able to share feedback during regular supervision meetings, staff meetings or directly with the registered manager on a one-to-one basis. Staff ideas had been acted upon and had led to improvements within the service. For example, staff had identified the negative impact persistent background noise from radios and televisions could have on people living with dementia. During the inspection we observed a calm and quiet atmosphere in the home. This was consciously created by staff, who ensured radios and televisions were only on if people were listening to them, to try to improve the environment for people living with dementia.
- Staff told us they felt valued by the provider and registered manager. Staff thoroughly enjoyed their jobs. Staff commented, "We have very good morale here. The service is lead so well" and "I feel supported by management. We get positive feedback through texts, it's really nice!"
- People and their relatives were consulted about the service and their ideas were used to improve people's

experience of living in the home. They were invited to quarterly meetings where they were given the opportunity to provide feedback about the home and their opinions were sought through surveys. A relative commented, "There are quarterly relatives and residents' meetings where they ask for our views. They always listen." People had raised the idea of getting a pet for the home. Staff then consulted with everyone living at Mapplewell Manor about this idea and acted on their feedback by getting a cat for the home.

Working in partnership with others

- The service was an important part of the local community and had forged links with a variety of different community groups and organisations. The café bar based within the home was used for events which benefitted the community, as well as people living at Mapplewell Manor. Staff ran a regular dementia café from the home to provide opportunity for social interaction for residents of other care homes in the local area.
- People were continually supported to be active citizens within their community by using local services regularly. This included visiting local churches, the theatre and volunteer run events such as tea parties.
- Staff had developed very positive relationships with visiting health professionals such as the local GP, falls prevention professionals, social workers and district nurses. One community health professional we spoke with said, "The care staff are very knowledgeable about the residents and they are very helpful to us when we visit. I have no concerns at all. The home seems very safe and people receive appropriate care. If residents are unwell, the staff are on the ball and seek medical advice."
- Staff were deployed in a way that promoted a seamless service between the care delivered by staff in the home and the care delivered by other professionals. When district nurses visited people in the home, a care worker was allocated to support the nurses visit and to make sure they were given clear and accurate information about how each person was.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's policies and procedures were up to date and in line with best practice. They supported staff to deliver care which consistently met the regulatory requirements.
- There was a robust quality monitoring system in place to help drive continuous improvements to the care people received. The registered manager and senior staff completed regular audits to ensure constant compliance with the provider's expectations of high-quality, personalised care, at all times.
- The provider maintained an excellent overview of the home to ensure they were aware of potential risks, any serious accidents or incidents and any safeguarding events. This supported the provider to share any lessons learned or ideas for continuous improvement with each home they owned. A senior manager employed by the provider regularly visited Mapplewell Manor to undertake their own checks on the quality of the care provided and to make sure ongoing improvements were being made.
- Staff at all levels were very clear about their roles and responsibilities. They were highly motivated to provide excellent care to people and were proud to work at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were open and honest with the inspection team during this inspection and discussed the improvements they had made over recent years to the home.
- The registered manager and provider were committed to being open and honest if anything went wrong and learning from any incidents or complaints. All staff told us they were confident the registered manager and provider would act on any concerns they raised.