Tamaris Healthcare (England) Limited

Maple Lodge Care Home

Inspection report

Woolwich Road
Witherwack
Sunderland
Tyne and Wear
SR5 5SF

Tel: 01915493672
Website: www.fshc.co.uk

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12 October 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 and 12 October 2018. The first day of the inspection was unannounced. This meant the staff and provider did not know we would be visiting. The second day was announced.

Maple Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Maple Lodge Care Home accommodates 46 people across two floors in one purpose built building. Some of the people had nursing care needs and some of the people had a dementia type illness. On the days of our inspection there were 40 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

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 were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Maple Lodge Care Home.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider's complaints policy and procedure was made available to people however there had not been any recent complaints.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager. People, visitors and staff were regularly consulted about the quality of the service via meetings and surveys.

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 improved to Good.	Good
Is the service effective? The service remained Good.	Good
Is the service caring? The service remained Good.	Good
Is the service responsive? The service remained Good.	Good
Is the service well-led? The service remained Good.	Good

Maple Lodge 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 11 and 12 October 2018. Day one of the inspection was unannounced. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We visited the service on both these dates to speak with the registered manager and staff; and to review care records and policies and procedures. During our inspection we spoke with 11 people who used the service and one family member. In addition to the registered manager, we also spoke with two nurses, two care staff and one laundry assistant. We looked at the care records of four people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found records and systems did not support the safe management of medicines. We carried out a focussed inspection in December 2016 and found the service had made improvements to the way medicines were managed. At this inspection, we found medicines were safely stored and administered. Medicines were stored securely in locked trolleys in secure rooms. Medicine room temperatures were checked daily to ensure medicines were stored appropriately. Medicine administration records were accurate and up to date, staff had been appropriately trained, and regular audits were carried out.

People told us they felt safe at Maple Lodge Care Home. One person told us, "I feel very safe in this home. Care staff are never far away when you need them." Another person told us, "I feel perfectly safe in this home. The staff watch over me all the time and often ask me if I'm ok." Another person told us, "This home makes me feel safe."

There were sufficient numbers of staff on duty to keep people safe and support people with activities. We discussed staffing levels with the registered manager and observed staff in their roles. People's dependency levels were evaluated monthly. Any staff absences were covered by the service's own permanent staff. Staff and people we spoke with did not raise any concerns about staffing levels.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The DBS 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 also prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and analysed, and any follow up actions and lessons learned were documented. Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk.

The provider had an infection prevention and control policy in place. Regular checks were carried out to ensure the service was clean and staff had received appropriate training. We looked in the laundry, which was clean, large and suitable for the size of the home. We found people's bedrooms, communal areas, and bathrooms and toilets to be clean and free from odours. Staff we spoke with were knowledgeable about infection control procedures.

Health and safety, fire safety, premises and maintenance servicing and checks were carried out to ensure people lived in a safe environment and equipment was safe to use. Records were up to date.

The provider had a safeguarding policy and procedure in place. There had not been any recent safeguarding related incidents however the registered manager understood their responsibilities regarding safeguarding

and staff had received training in the protection of vulnerable adults.

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective. People received effective care and support from well trained and well supported staff. One person told us, "I've been here for a while now and I'm used to the care staff, and know they do a good job for me." Another person told us, "I could never fault the care staff for doing a dedicated job for me." Another person told us, "I have no complaints about the staff here."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff training was up to date, new staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported with their dietary needs. Nutritional needs support plans described the support to be provided by staff and included evidence of guidance and recommendations from speech and language therapists (SALT) and dietitians. We observed lunch and saw it was a calm and pleasant experience. People were visibly enjoying their meals. Staff were engaging and on hand to support people who required assistance. People told us the quality and variety of food was good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Mental capacity assessments and best interest decisions had been made and recorded, and were decision specific. Consent to care and treatment was documented and some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

People had access to healthcare services and received ongoing healthcare support. Communication records contained evidence of visits from health care professionals such as GPs, district nurses, SALT and dietitians.

Some of the people who used the service were living with dementia. We looked at the design of the premises for people with dementia and saw it was suitably designed to aid people's orientation around the home. Clear signage was in place and bathroom and toilet doors were easily identifiable from bedroom doors. Walls were painted in pastel colours, hand rails stood out and walls were decorated with photographs of sports, film stars and movie stars.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring. One person told us, "The staff really care deeply for people." Another person told us, "I could not fault the staff for caring and looking after my wellbeing." A family member told us, "I am quite impressed with the way that care staff are really conspicuous and focused on my [relative]'s needs. They genuinely and sincerely treat her like a member of their family."

People we saw were well presented and looked comfortable in the presence of staff. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

Staff knocked on bedroom doors and asked permission before entering people's rooms. One person told us, "Staff really care for our dignity and respect by always knocking on the door and shouting before entering the room." Care records described how staff were to promote dignity and respect people's privacy. For example, "Treat [name] with dignity and maintaining his privacy", "Cleanse and dry ensuring privacy and dignity are maintained" and "Ensure the bedroom door is closed to maintain [name]'s privacy and dignity." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Independence was promoted and people were encouraged to care for themselves where possible. Care records described what people could do for themselves and what they required support with. For example, "[Name] is unable to meet her hygiene and dressing needs independently", "[Name] requires support and assistance to maintain personal hygiene and dressing" and "Staff will prompt [name]…lots of verbal prompts to complete washing and dressing." One person accessed the local community independently. One person told us, "They [care staff] promote my independence."

People's preferences and choices were clearly documented in their care records. Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs. For example, one person's support plan stated they could understand some easy words and commands and could recognise the faces and voices of staff. Staff were directed to maintain eye contact, and speak clearly and slowly in front of the person's face to increase the chance of being understood.

People were supported with their religious and spiritual needs where required and these were documented in their care records. A monthly church service took place at the home.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and

options and promote their rights and responsibilities. Four of the people using the service at the time of our inspection had independent advocates.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

Care records were regularly reviewed and evaluated. Each person's care record included important information about the person, such as their background, likes and dislikes, and had been written in consultation with them and their family members. Records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

Support plans included consent and capacity, medicines, mobility, nutrition, hygiene, skin tissue integrity, psychological well-being and sleep, communication, hearing and sight, infection, human behaviour, cognition, specialist needs, and end of life care. Each support plan described people's assessed needs, expected outcomes and details of care to be provided. For example, one person had limited mobility and was identified as being at high risk of falls. Their support plan described the support required with their mobility needs from two members of staff. Moving and handling, and falls risk assessments were in place and up to date. Another person's support plan described how they were at risk of skin breakdown and were prescribed cream to be applied day and night. Staff were directed to carry out two hourly positional changes. Records showed these were carried out as per the instructions.

End of life support plans were in place, which described people's preferences for their end of life care, who they wanted to be contacted and funeral arrangements.

Daily records were maintained for each person who used the service. Records were up to date and included information on medicines, communication, cognitive state, personal care, mobility and continence.

We found the provider protected people from social isolation. There was a sensory room and a reminiscence room that included an old television set, radio, furniture, ornaments, photographs and books. These rooms were enjoyed by people. Activities included visits to museums, parks, the seaside, and local pubs and restaurants. Singers and entertainers regularly visited the home.

The provider's complaints policy and procedure was on display. The complaints procedure was discussed with the person and their family on admission to the home and at residents' and relatives' meetings. There had not been any recent complaints and people we spoke with did not have any complaints to make.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since October 2010.

People told us the service was well-led. One person told us, "This home is well under good control by the [registered manager] and he's a very pleasant guy to speak to." Another person told us, "It's nice to be able to get on with everybody and this is definitely the case of good management in this home." A family member told us, "I would recommend this as an excellent accommodation for my [relative] and anyone else." Staff we spoke with felt supported by the management team. The registered manager told us the staff all worked well with each other.

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place every three months and team supervisions were regularly carried out. Staff felt supported by the registered manager and told us they were comfortable they could raise any concerns.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider conducted regular audits of the service and had an electronic system in place to monitor actions. The registered manager carried out a variety of monthly audits including housekeeping, dining experience, home governance, first impressions, food safety, human resources, information governance, medicines, and infection control.

People's care records were audited one month after admission and every six months after that. Any identified issues were actioned by the nursing staff. The registered manager carried out daily walkarounds to check the premises, including bedrooms and bathrooms, and to check that people appeared well cared for and staff were engaging with them positively.

Feedback was obtained from people, visitors, professionals and staff via an electronic tablet. Any issues were discussed and actioned individually or displayed via the 'You said, we did' notice board. Issues were also discussed at residents' meetings to obtain additional feedback. Activities staff regularly spoke with people and relatives to obtain feedback and any issues were recorded electronically so the provider had oversight.

Residents' and relatives' meetings took place every two months. These involved discussions about activities, food, feedback from events, and suggestions about what people would like to do or where they would like to go.

The service had good links with the local community and other organisations. These included the local school, church, carers' association and Alzheimer's society.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.