

Roselock Limited

Maple House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Maple House is a residential care home, registered to provide care and support for up to eight adults with learning disabilities in one adapted building. Eight people were using the service at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There were quality assurance and governance systems in place to drive continuous improvement; however, the systems were not always working effectively because the provider had not identified some health and safety issues. Improvement was also needed with regards to food safety.

The provider had safeguarding policies and procedures in place to protect people from possible harm. Risks associated with people's care and support had been assessed. There was guidance in place to keep them safe. Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be minimised. There were sufficient staff working for the service and safe recruitment procedures were followed. People received their medicines as prescribed by the GPs.

People had an assessment carried out before they started using the service. Staff received appropriate training which gave them the skills to carry out their roles. 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 supported to eat and drink sufficient amounts to meet their needs.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff had developed good relationships with people and knew them well. They were aware of people's needs and preferences and respected their privacy and dignity. People were supported to express their views and were involved in making decisions about their care and support. People were encouraged to be independent and staff respected their wishes. The importance of confidentiality was understood and respected by staff.

People were provided care and support in line with their assessed needs. There were detailed care plans in

place to enable staff to provide personalised care. Care plans were reviewed regularly. People were supported to access activities which were tailored to their individual needs. There was a complaints policy and procedure in place which people and their relatives had access to.

There was an open and inclusive culture in the service, with staff, people, relatives and other external professionals encouraged to help improve the service. The provider had a system in place to monitor the quality of the care being provided through satisfaction surveys. The registered manager had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met.

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

Rating at last inspection:

At the last inspection the service was rated good (published 28 October 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. 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 based on the registration date of the service. You can see what action we have asked the provider to take at the end of this full report.

Enforcement:

We have identified breaches in relation to safety of the premises and quality assurance at this inspection.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Maple House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Maple House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 21 January 2020 and was announced. We gave the service one hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection:

We reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During our inspection:

We spoke with one person who used the service, three members of staff and the registered manager. We were not able to speak to more people due to their needs. Instead, 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 speak with us.

We reviewed a range of records. This included three people's care records and how medicines were managed. We looked at three staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service, including policies and procedures, health and safety, minutes of meetings and documents in relation to the monitoring of the service.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We spoke with two relatives by telephone to obtain their views of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had systems in place to ensure the environment and equipment was safe. However, on the day of our visit we noted that three fire doors in the service were not closing fully against the frame. This put people, staff and visitors to the service at risk in the event of a fire.
- We discussed our concerns with the registered manager and they told us the provider had already made arrangement for an external contractor to come and fix the doors to ensure they close properly. We explained that in the meantime, the registered manager needed to ensure people and visitors to service remained safe.
- We also found the provider was failing to ensure people had access to clean drinking water as we found the shower heads in two shower rooms could drop below the water level when the showers were in use. This was also the case with the shower head in the bath. This could create a backflow (an unwanted flow of water in the reverse direction) and could be a serious health risk for the contamination of drinking water, which people and staff consumed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people, staff and visitors at risk of harm.

This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw potential risks to people's safety were assessed to ensure they remained as safe as possible. Where people were identified at risk, there were measures put in place, for example, where people had limited road safety awareness. There was guidance for staff to follow on what actions to take in relation to managing risks to ensure people were as safe as possible.
- Each person who used the service had a Personal Emergency Evacuation Plan (PEEP) in place. This helped staff to evacuate people safely in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they had no concerns and felt safe at the service. One person said, "Yes I am safe here." One relative told us, "They [person] is safe in the home, if they have any concerns, they will tell me." The provider had systems in place to safeguard people from harm. Staff had knowledge on how to recognise and report signs of abuse. They had received training in the subject.
- Information was made available on who to contact if people wanted to raise any concerns. One member of staff said, "I will speak to the manager if I see any abuse happening." Another member of staff told us of the

actions they would take if they felt somebody was being abused. Staff were also aware of the whistleblowing procedures. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Staffing and recruitment

- There were sufficient staff working for the service to ensure people's needs were met. People and relatives felt there were enough staff working at the service. One relative told us, "There are enough staff. I know they have agency staff but they are regular." People received care and support from staff who knew them well. This helped with consistency of care and support people were provided with.
- People were protected from the risk of receiving care from unsuitable staff. The provider carried out all relevant checks before new staff began at the service. The checks included written references, proof of identity, confirmation of previous training and qualifications and checking if staff had any criminal records.

Using medicines safely

- People were supported with their medicines in a safe way by staff who had been appropriately trained. There were medicines policy and procedures in place for staff to follow when supporting people with their medicines. One relative told us, "The staff give medicines [family member] their medicines. I think the home has a good system where each service user has their own medicines box."
- People had medicines administration records (MAR) in place where staff recorded when people had taken their medicines. We saw the MAR were completed accurately when staff had administered medicines to people and there were no gaps in signatures.
- There was also a list of staff signatures in place and this helped to identify which staff had administered medicines to people.

Preventing and controlling infection

- There were policies and procedures regarding the prevention and control of infection. Staff had received training and were aware of their responsibilities in this area. Personal protective equipment (PPE) such as gloves and aprons were provided to staff and this helped to minimise the spread of infection.
- There were also colour coded chopping boards to minimise the risk of cross contamination. Relatives told us the service was clean when they visited.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded. These were reviewed by the registered manager and actions taken to reduce the likelihood of them happening again. For example, following an incident with one person's behaviour, they were being supervised more closely by staff.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- During our visit, we noted a number of first aid items were expired. For example, we saw a wound dressing had expired in July 2010, an antiseptic solution was expired in November 2018, a box of urinalysis reagent strips, which were used to test for a wide range of conditions, had expired in November 2014. One member of staff told us, "We do check urine tests on service users, but the results are not always reliable." We brought the expired urinalysis reagent strips to the attention of the member of staff as this could potentially put people at risk of harm. This issue was also discussed with the registered manager so action could be taken in making sure people received safe care.

- People were supported to maintain good health and to access healthcare services when they needed. Records showed the registered manager worked closely with other professionals and sought healthcare advice and support for them.

- People received support from health care professionals as required. They were assisted to access professionals such as GPs. For example, we saw one person had a test carried out recently at a local hospital to check if they had a certain medical condition. People had an annual health check and this helped to ensure they stayed well and identified any help they needed.

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

- We noted that staff did not always follow good practice guidelines with regards to food safety. We found two food items had been opened with no dates of opening on them. They were also not stored in appropriate conditions, designed to prevent harmful deterioration and protect them from contamination. They were left in their packaging instead of a sealed container. The registered manager disposed of them when these were brought to their attention.

- People were supported to have enough to eat and drink and at the times they wanted. One person told us, "The food is good." There was not a set menu in place as people were able to choose what they would like to eat on a daily basis.

- Staff were aware of people's food and drink preferences and also ensured people's dietary wishes were respected. For example, one person was not allowed to eat a certain meat products due to their religious belief. One member of staff told us, "[Person] has liquidised food."

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

- Before people started to use the service, an initial assessment was carried out of their needs. This covered a number of areas such as people's care and support needs, wishes, preferences, routines and past

histories. The assessment was carried out with the involvement of the person and their relatives. This helped to ensure staff were able to safely meet the person's needs.

Staff support: induction, training, skills and experience

- People and their relatives felt the staff had the knowledge and skills to look after people who used the service. One person said, "Yes, the staff are good." A relative told us, "The staff know how to care for [person] especially when they get angry, they know how to calm them."
- When staff started working for the service they were provided with an induction programme. The induction period covered a number of areas, such as attending training and staff familiarising themselves with the policies and procedures of the provider.
- People were supported by staff who had the knowledge and skills required to meet their needs. Staff received appropriate training and professional development. They were trained in areas such as moving and handling, first aid, food hygiene to ensure they were competent in their role.
- Staff commented the training courses were good and helped them to meet the needs of people. One staff member said, "I really enjoyed the practical training." The management team monitored staff training to ensure staff were up to date with their training.
- Staff were supported to carry out their roles. They told us they had regular supervision and they were given the opportunity to discuss any issues they had. We saw the records of supervision meetings were comprehensive and covered a number of areas such as work-related issues, people's needs and training.
- Staff who had worked for the service for more than 12 months also received a yearly appraisal. This helped the registered manager to review their work performance and to identify any areas for development.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We noted the registered manager had appropriately sought authorisation for DoLS for some people living at the service and therefore protecting their human rights. Staff had received training in this area and were familiar with the processes and principles of the MCA. Care records of people contained information about their capacity and what support they required.
- We saw staff asked people for their consent before providing them with care and support. One relative told us, "The staff always check with [family member] if they are happy, before they do anything with them."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service told us they had no concerns regarding how staff treated them. One person said, "The staff are nice." Relatives described the staff as very kind and caring. A relative told us, "The staff are always very helpful. They know everything about my [family member] and treat them well."
- During our visit, we saw people were relaxed around staff and the interaction between them was of a caring nature. Staff knew people well, such as their likes, dislikes and preferences. For example, one member of staff told us what particular food one person liked to eat.
- People's diversity, values and human rights were respected. People had equal opportunities, regardless of their abilities, background or lifestyle. Staff treated everybody who used the service equally and recognised people's individual religious and cultural preferences. Evidence showed people could have meals that reflected people's cultural values.

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

- People were given sufficient information by the service about their care and support. Staff took time to explain to people and ensure they understood what they were saying before undertaking any care task.
- We saw where people were able to, they had been involved in planning the care and support staff provided to them. They had signed their care plans. People could choose to spend time in their room or in the communal areas within the service.
- At the time of our visit, some of the people had an advocate. An advocate is an independent person who helps people express their needs and wishes and make decisions about options available to them and represents their interests.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured that people's privacy and dignity were protected. They told us how they would maintain a person's privacy and dignity when assisting them with personal care. This included closing doors and seeking the person's permission first before doing anything. This showed people's dignity was maintained in a caring way. Each person had their own single bedroom.
- Staff encouraged people to maintain their independence. They knew how much each person was able to do for themselves and what assistance they needed. This information was recorded in people's care plans. For example, in one care plan, it was written, "[Person] can dress and undress independently but they require assistance with their laundry." One member of staff said, "We do encourage the service users to be independent where they can do things by themselves."
- We saw records about people were kept securely in a locked office. Confidential records were available only to people who had the right to have access to them. Staff were aware of their responsibilities to

maintain people's confidentiality. They understood not to discuss about people with other people or disclose information to people who did not need to know as stated in the confidentiality agreement they had signed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives told us the care and support provided by staff was good. One person said, "The staff are fine." A relative told us, "The staff clearly understand what they need to. They look after [family member] very well."
- People received personalised care that was responsive to their needs. We looked at the care records of people who used the service and found them to contain sufficient information about the care and support people needed. This helped to ensure staff met people's needs. For example, in one care plan, it was clearly recorded on the action staff had to take with one person when supporting them with aspects of their personal care.
- Staff told us they found the care plans were informative and this helped them to meet people's needs. Care plans were reviewed regularly and staff were made aware of the changes, so they gave support to people accordingly. Where there were changes in people's needs, these were discussed during staff handovers. This helped to ensure staff had up-to-date information about the people who used the service.
- Each person at the service had a keyworker. A keyworker is a member of staff who took responsibility for overseeing the care of an individual person and ensure all their care needs are met.

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.

- We saw where people who had a disability or sensory loss, information was made available to them in a way they could understand. For example, we noted the complaints procedure was in a picture format.
- Information on how staff should communicate with people was recorded in people's care plans and this gave details on how to communicate with them such as using gestures and repeated the information to them.

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

- People's social and emotional needs were taken into account. People were encouraged to take part in activities of their choice and lived their lives how they wanted. They were able to take part in activities such as bingo, karaoke, table top games, arts and crafts, going shopping and on day trips. People could also attend their places of worship if they wanted to practice their religion.
- Staff also encouraged people to stay in touch with their friends and relatives. A relative told us, "I visit

[family member] regularly." This helped to avoid people becoming socially isolated. Relatives told us they were kept informed of any changes in the care needs of their family members.

- We noted one person used an application on their mobile phone to keep in touch with their relatives who lived abroad. They also used a tablet computer to translate their language to English so staff could understand what they wanted to say or what they needed.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures on how any concerns or complaints would be dealt with. Information about how to make a complaint was displayed in the service and made available to people and their representatives. A relative told us, "If I have any complaints, I will speak with the staff first and also discuss them with the manager, but I am very happy with the home."

- People and their representatives did not raise any concerns with us. There had not been any formal complaints since our last inspection. We saw one relative made a suggestion as they felt the television in the lounge for people to watch was too small. The registered manager bought a bigger one.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The registered manager and staff carried out regular audits to ensure the service was running smoothly. Checks were carried out in areas such as care plans, medicines administration records, item of medicines, staff training, fire safety and checking of food products. However, we found that these checks were not always robust. During our visit, we found expired first aid products, expired food product and risk of water contamination.
- We also noted some fire doors not closing properly. The registered manager informed us that they had already noted that some doors (not the ones we identified) did not close properly. They had requested from the provider to have the pulling mechanism on the fire doors changed as they felt this was causing the problem.

This showed assurance system was not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, staff and relatives spoke positively about the registered manager and said they were happy with the way the service was run. One person told us, "The manager is good." A relative said, "[Manager] is very helpful, they get things done."
- The registered manager had been working for the service for a very long time. They operated an open culture where people, relatives and staff were able to express their views in an understanding environment. One member of staff told us, "I could not wish for a better manager, they are very, very supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of when the CQC should be made aware of events and the responsibilities of being a registered manager. They had kept informed about certain events and the action they had taken to address them.
- Staff were clear about their roles and responsibilities and who they were accountable to. They had access to policies and procedures for the service to guide them in their roles. This helped to ensure people received care and support to the required standard.
- The provider had a system in place to monitor the quality of the care being provided. Yearly satisfaction questionnaires were sent to people who used the service, their relatives, professionals and staff to get their

feedback about the service. We saw comments from the recent completed satisfaction surveys were positive about the service. One professional wrote, "Staff are very helpful and courteous."

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

- The registered manager had daily contact with staff and people where they could discuss any issues. They also contacted the relatives on a regular basis to update them on the care needs of their loved ones.
- There were regular staff meetings where staff shared their views and any concerns they might have. Staff told us they felt comfortable to share ideas during these meetings and they felt listened to by the registered manager.
- There were also regular meetings held with people. Records showed people were given opportunities to discuss anything during these meetings.

Working in partnership with others

- The registered manager had a good working relationship with other health and social care professionals. Records showed people had been referred to other health services such as GPs when needed. This helped to ensure people's changing needs were fully met. Care records were kept up to date with the outcome of visits to health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured there was effective system in place to maintain the premises and ensure the safety of people, staff and visitors. Regulation 15(1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there was effective governance and quality systems in place to ensure the quality and safety of care was assessed, monitored and improved when needed. Regulation 17(1) (2)