

Maple Tree Care Limited

Maple Tree Care Ltd

Inspection report

2 Epsom Gardens
Dereham
Norfolk
NR19 1TY

Tel: 01362697124

Date of inspection visit:
28 November 2023

Date of publication:
09 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Maple Tree Care Ltd is a residential care home providing accommodation and personal care to up to 5 people. The service provides support to people with learning disabilities and autistic people. At the time of our inspection there were 5 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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. People were able to make choices and decisions about their day to day lives. People were supported to access the community and experience meaningful activities based on their preferences and wishes. People received medicines safely. The environment was clean and tidy.

Right Care

Staffing numbers were sufficient, and staff knew the people well. People were supported to maintain good health and their health was monitored, staff worked with other professionals to make sure people received the right care and support needed.

Right Culture

People were supported by the manager, director, and staff. People received person centred care which enabled them to follow their own routines and wishes. The registered manager had systems in place to monitor the service and outcomes for people. Relatives and staff told us there was an open and positive culture at the service.

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

The last rating for this service was Good (published 9 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, responsive, and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall

rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Maple Tree Care Ltd on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was responsive.</p> <p>Details are in our responsive findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well led.</p> <p>Details are in our well led findings below.</p>	<p>Good ●</p>

Maple Tree Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Maple Tree Care Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maple Tree Care Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 1 person who used the service and 2 relatives. We observed staff interactions with people in

communal areas and the care people received. We spoke with 2 members of staff including a team leader and the manager. We reviewed a range of records including 2 people's care plans, medicine records and a variety of records relating to the management of the service including audits, staff files and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- Staff received training about how to recognise and report any signs of abuse. Staff had a good understanding of how to report concerns. One staff member said, "I have not had to raise a concern here, but I would speak to my manager or go higher if I needed to."
- Safeguarding processes were in place. Safeguarding information was readily available for staff.
- Relatives were also confident that people were safe and well cared for. One relative said, "We feel very lucky to know that our relative will live the rest of their life in a happy and safe home."

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- Environmental risks were managed well. There were systems to ensure people were protected from the risk of fire. Staff received training in fire safety and there were regular fire drills for staff and people.
- Staff knew people well and to how to support people if they became anxious or distressed.
- There was clear guidance in the positive behaviour support plans, physical interventions were not used in the service.
- Staff used a person-centred approach to build caring and trusting relationships with people.
- External contractors carried out regular safety checks on appliances in the home. We saw evidence of these checks when looking around the environment.

Staffing and recruitment

The provider operated safe recruitment processes.

- Staff were recruited safely. Disclosure and Barring Service (DBS) checks were carried out when appointing staff to ensure they were suitable to work with people using care service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured there were sufficient numbers of suitable staff. The staffing levels were safe, this was evidenced when we looked at the rota. One relative said, "There are always lots of staff around when we visit".
- The staff team were established and knew people well. We observed staff spending time with people

individually.

Using medicines safely

People were supported to receive their medicines safely.

- PRN (as required) protocols were in place and staff followed them.
- Medicines were stored safely, and temperature controlled.
- Staff received medicines training and assessments of competency in managing people's medicines which was assessed every 3 months. This reduced the number of medication errors.
- Staff were knowledgeable of people's individual medication. One staff member said, "I feel confident in administering medication as we have regular competency assessments completed by the manager."

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- The environment was clean and tidy. One relative said, "the home is always clean".
- We were assured that the providers infection, prevention, and control policy was up to date. Checks were in place to monitor the cleanliness of the home.
- We observed staff using personal protective equipment (PPE) correctly.
- Staff had training in infection and prevention control. Staff were also assessed regularly of their knowledge of infection prevention and control through supervision.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

- Relatives were encouraged to visit the home, one relative said, "I can visit whenever I like without letting them know."

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- Where incidents and accidents had occurred, the registered manager regularly reviewed them to help identify trends and reduce the likelihood of an incident happening again.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

- The service kept robust records of all people who had DoLS authorisations. Mental Capacity assessments were in place and completed appropriately.
- People were able to make day to day decisions about their lives, people were able to spend time as they wished.

- Staff received MCA training and understood the principles of MCA.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

People were supported as individuals, in line with their needs and preferences.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information standard.

People's communication needs were understood and supported.

- Systems were in place to identify people's goals and outcomes, however in some cases we found that goals were not always being identified, therefore people had not always been supported to identify their future hopes and aspirations. We spoke with the registered manager, and they assured us that they would be working with people and the staff team to ensure they used these systems effectively in future.
- People experienced individual and meaningful activities and were supported by staff who knew them well.
- People were offered choices of activities in line with their preferences and needs. People's preferences were expressed in the care plans and communication needs were easy to follow. One person's care plan had photos of the person using signs that were important to them, the signs each had a definition underneath them for staff to follow and understand what each sign meant.

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 were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

- People were supported to access the wider community and participate in activities. One relative said, "They are always out doing something fun".
- The registered manager and staff ensured adjustments had been made for people to be able to attend leisure activities for instance, most people living in the service attended a disco in the evening once a month. There was evidence during the inspection and one person said, "I really enjoyed going dancing last night."
- The service had built strong relationships with the families and the people living in the service.

Improving care quality in response to complaints or concerns

People's concerns and complaints were listened to, responded to, and used to improve the quality of care. One person living in the service had made a complaint, we were assured that the complaint was listened to, responded to, and had a positive outcome.

- The provider had a policy in place for managing complaints this was accessible for staff and people living in the service. There was an easy read format of how to raise and report concerns in the communal areas of the service.
- Staff and Families felt confident in raising concerns.

End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death.

- At the time of the inspection there were no people being supported with end-of-life care.
- End of life care plans were not in place during the inspection, we spoke with the registered manager who assured us that they were working with people and families to gain information to commence these plans.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service. Relatives and staff told us they felt the registered manager was approachable. One staff member said, "We can contact them [registered manager and director] at any time." One relative said, "They [registered manager and director] are just terrific and always involve us in any decisions with our relative."
- The provider had systems to provide person-centred care that achieved good outcomes for people. One relative said, "When our relative visits us at our own home, they are always happy to go back to the home, which for us says what a great place it is to live. The manager and director are both so genuine and really do care about everyone who lives there."
- Our observations showed that staff interacted in a kind and respectful way towards each other. People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The registered manager sought feedback from the families, people, and staff through questionnaires, these could remain anonymous. We found that areas where staff were lacking understanding and had raised this in the questionnaire, that the registered manager had acted on this immediately and put support into place communicating this in their upcoming staff meeting.

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. The provider understood their responsibilities under the duty of candour.

- The registered manager was aware of the importance of being open and transparent should anything go wrong and had a policy in place for this.
- The registered manager had built a good rapport with people's families. Families felt confident that the manager informed them of anything they would need to know about their relatives.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements. Staff were clear on their roles and responsibilities.
- The registered manager completed audits in all areas of the service, they had governance systems in place

that were working effectively, therefore giving them clear oversight of the service.

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

- The provider has a quality assurance in place, this included audits covering infection prevention and control (IPC), Medicines, and health and safety. Issues identified were actioned promptly.
- The registered manager had signed up to and been attending registered manager meetings with the local authority for current guidance and information.

Working in partnership with others

The provider worked in partnership with others.

- The registered manager worked with and built a rapport with a variety of external professionals.
- Engagement was logged which showed good communication and all advice was acted upon to provide positive outcomes for people living in the service.