Maple Health UK Limited

Maple View

Inspection report

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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

Overall summary

Maple View provides support and care for up to 5 people living with learning disabilities and autism. There were two people living in the service when we inspected on 12 June 2015.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care that was personalised to them and met their needs and wishes. The atmosphere in the service was friendly and welcoming.

Appropriate recruitment checks on staff were carried out with sufficient numbers employed. Staff had the knowledge and skills to meet people's needs. People were safe and treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Summary of findings

Staff listened to people and acted on what they said. Staff knew how to recognise and respond to abuse correctly. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff understood how to minimise risks and provide people with safe care. Care and support was individual and based on the assessed needs of each person. Appropriate arrangements were in place to provide people with their medicines safely.

Staff supported people to be independent and to meet their individual needs and aspirations. People were encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

People were supported by the manager and staff to make decisions about how they led their lives and wanted to be supported. People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

People voiced their opinions and had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. People knew how to make a complaint and any concerns were acted on promptly and appropriately.

People were provided with a variety of meals and supported to eat and drink sufficiently. People enjoyed the food and were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities. The manager and provider planned, assessed and monitored the quality of care consistently. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

Summary of findings

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.

Good

Appropriate recruitment checks on staff were carried out with sufficient numbers employed to meet people's identified needs.

Staff knew how to recognise and respond to abuse correctly and had a clear understanding of procedures for safeguarding adults.

People were protected from avoidable risk as there were effective systems to identify, manage and monitor risk as part of the support and care planning processes.

Systems were in place to provide people with their medicines safely.

Is the service effective?
The service was effective.

Good

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?
The service was caring.

Good

Staff were compassionate, attentive and caring in their interactions with people.

People's independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?
The service was responsive.

Good

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was an open and transparent culture at the service.

Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

Maple View

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 unannounced inspection took place 12 June 2015 and was carried out by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with one people who used the service, two members of staff and the registered manager.

People had complex needs, which meant they could not always readily tell us about their experiences. Where people could not communicate verbally we used observations, spoke with staff, reviewed two people's care records and other information, for example their risk assessments and medication records, to help us assess how their care needs were being met.

We looked at records relating to the management of the service including records relating to the safety of equipment, staff training and systems in place for assessing and monitoring the quality of the service. We also looked at three staff recruitment files.

Good

Is the service safe?

Our findings

One person told us they did feel safe at the home and felt the staff were, "kind." We observed the way people interacted with staff and how they responded to their environment and people who were supporting them. People who used the service presented as relaxed and at ease in their environment and with their carers.

People were safe because systems were in place to reduce the risk of harm and potential abuse. Staff demonstrated in discussion with the inspector, that they knew how to recognise and report any suspicions of abuse in line with the organisations policy, which included reference to the local authority and police as the investigating authority in cases of potential abuse. They had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. This included the duty to report concerns to the appropriate professionals.

People were protected from risks and their freedom was supported and respected. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines and accessing the local community with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions, such as epilepsy, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. These plans had been signed by a nurse who specialised in epilepsy care and treatment.

People who used the service had support plans in place, which were based on the activities of daily living, and included risk assessments designed to enable people to participate in as many aspect of domestic life as possible, such as cooking, shopping, domestic tasks and the use of personal time. Risk assessments minimised potential harm. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently.

Staff told us they felt the building was safe and our observations from when we were in different areas of the building supported this view.

An established staffing team was in place. Each person was supported by a member of staff and received one to one support. The team leader advised they rarely used agency to provide cover as existing staff including themselves covered shifts to ensure consistency and good practice. People's needs had been assessed and staffing hours were allocated to meet their requirements. The team leader advised us that the staffing levels were flexible and could be increased to accommodate people's changing needs. For example, if they needed extra care or support to attend appointments or activities. Our conversations with staff confirmed this.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

People's medicines were managed so that they received them safely. A staff member told us they waited with people to check medicines had been taken. We observed a staff member administering medicines in a safe way. We looked at a sample of the charts used for recording when medicines had been administered and saw these were completed appropriately. Medicines were stored securely.Where medication was prescribed to be taken as and when required, for example as a response to aggressive behaviour, there were plans, guiding staff through the process for deciding whether to administer the medication, and what alternative strategies should be attempted before resorting to the use of medicines in such circumstances.

Staff hand over records showed medicines administration records (MAR) charts were checked when the staff changed shifts and medicines audits were regularly carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. The team leader told us what the service would do in the event of a medicines error, or if people frequently refused to take their medicines, for example, contacting the doctor for advice to ensure their health and well-being was maintained.

Good

Is the service effective?

Our findings

We observed the way people interacted with staff and how they responded to their environment and people who were supporting them. We observed staff communicating with each other about the needs of people who used the service as they were on the specific day of our inspection. Staff communicated well with each other and ensured relevant information about the needs of people was passed on to the staff working with them. One member of staff told us, "handover time is built in to the rota, so were not rushing about or waiting to leave. It's very good."

People benefited from a staff team that were skilled to meet their needs effectively. All staff were in the process of, or completed, NVQ Diplomas Levels 2, 3 and 5. Six staff members have been accredited with Level 2 or Level 3 NVQ Diplomas.

Staff told us that they were provided with a detailed induction when they joined the service and had the opportunity to shadow other staff before they started working as a support worker directly with people who used the service. We spoke to a recently employed member of staff who told us, " I'm supernumerary this week and I'm doing the care certificate induction." Staff also told us they received specific training to meet people's care needs. This included supporting people with autism, managing behaviours and inclusive communication. We saw a member of staff support a person who was unable to communicate verbally. They used a combination of Makaton sign language and other symbols, known and understood by the person who used the service.

Staff told us they received regular supervision and felt supported. One staff member said they felt "absolutely 100%" supported" and said, "There is always someone you can turn to." The registered manager told us they operated an open door policy and supervision was regularly provided. We saw records of supervision on the supervision matrix which confirmed this. Most staff had received supervision during the month before our inspection. Staff also told us they received an annual appraisal. The registered manager told us these were up-to-date. We reviewed three staff files and saw personal performance plans and records of annual review meetings.

Staff also told us that they were supported with their on-going learning and development, for example, staff told us they used supervision to discuss the ways they were responding to people and how best they could meet people's needs. People received care and support from staff who understood how to meet their needs.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. Records of referrals to the supervisory body (the local authority) showed that the Deprivation of Liberty Safeguards (DoLS) were being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to ensure that any restrictions on people, for their safety, were lawful. We saw individual assessments which identified how staff could elicit the views and wishes of people who used the service. Staff recognised potential restrictions in practice and that these were appropriately managed, for example, staff understood that they needed to respect people's decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans. Care plans referred to ensuring that appropriate persons were involved in the decision making process when people were not able to make their own decisions. We also saw information about offering choices and support to people to help them make decisions, for example, through using the menu choice pictures.

People had plenty to eat and drink, their personal preferences were taken into account and there was choice of options at meal times. We saw records of individual meetings where people expressed their preferences and these were reflected in the records of meals provided at the service.

There was an availability of snacks, refreshments and fruit throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitivity and respectfully.

Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. Staff maintained regular recorded weight checks where there

Good

Is the service effective?

was a known concern about the weight of a person using the service. We also saw records which confirmed the service involved dietetic services to support people who had needs around healthy eating.

People had access to healthcare services and received ongoing healthcare support where required. We saw records of visits to healthcare professionals in people's files. Care records reflected that people, or relatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other health care professionals such as social workers, specialist consultants and their doctor. Health action plans were tailored to each person and included dates for medical appointments, medication reviews and annual health checks. Any specific plans, for example to manage seizures, were signed by relevant healthcare professionals, demonstrating appropriate oversight by a person with qualifications in the relevant field.

Good

Is the service caring?

Our findings

People presented as relaxed and at ease in their environment and with their carers.. People had positive relationships with staff and observations showed how this helped to ensure their needs were understood and met.

The atmosphere within the service was welcoming, relaxed and calm. Staff gave people time and explored comments that people made to them to get to the meaning of what they were trying to communicate. The home had a social, family feel and the interactions we saw and heard reflected that. Staff showed genuine interest in people's lives and knew them well, their preferred routines, likes and dislikes. We saw staff supported people at people's preferred pace. They explained what they were doing and offered people choices.

People were supported to maintain friendships. People's support plans contained information about their family and friends and those who were important to them. Records we saw of people's daily activities included several visits to and from family members and friends.

Staff demonstrated an understanding of the people they cared for in line with their individual care and support arrangements. This included how they communicated and made themselves understood. Support plans included detailed information about people's networks of important family members, friends, support professionals and advocates, as well as the 'gifts and talents' of the person concerned, giving the reader a holistic impression of the person as a whole. Detailed communication plans helped develop effective understanding between people and staff. This included information about their facial expressions, vocalised sounds, body language and gestures and other indicators such as their demeanour and what changes could represent, for example how a person appeared if they experienced pain or anxiety.

Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They were able to describe people's individual habits, likes and dislikes, and area's they found difficult.

People's privacy, dignity and choices were respected. People's healthcare needs were discussed in private and not publicly. People chose whether to be in communal areas or have time in their bedroom or outside the service. We saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering.

People had the opportunity to make their views known about their care and support through regular key worker meetings. Events, activities were also discussed and menus planned. Around the service there were various examples of the pictures and symbols used to help inform people and involve them in day to day decisions.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw that staff were attentive to people's needs, checking on them in the communal areas and bedrooms. Requests for assistance were answered promptly and support given immediately.

We observed that staff treated people as individuals and knew what people needed. For example, we observed staff interacting with a person. Staff understood their needs and checked they had understood correctly before providing support. Staff we spoke with had a good understanding of people's needs and preferences.

Staff told us they had shared with each other the best ways to recognise how people's behaviours and mannerisms indicated their mood, what they wanted to do and choices they wanted to make. For example, a member of staff described how a person with autism had very strict ideas about when they could and would undertake specific tasks, either on the hour or at half past the hour. We saw staff bearing this in mind when they interacted with the person concerned. A person centred approach was evident as displayed in the individual activities, décor of rooms and personal items on display.

People had an allocated staff member as their key worker who was responsible for coordinating all aspects of that person's care and support. We saw records, which confirmed that key workers met regularly with people to discuss the arrangements in place and to make changes where necessary if their needs had changed. This ensured that people received care and support that was planned and centred on their individual needs.

Staff told us they felt there were enough activities taking place. One staff member told us about the activities that a person enjoyed and they knew the person well. Another staff member said, "We have a lot of activities."

Staff explained how they tailored care and support to people with different needs. Staff told us that whilst some people enjoyed going out to the cinema for activities, other people would choose to go to the pub and both of these activities were facilitated. Support plans included detailed guidance for staff to follow in the event of a person becoming distressed or anxious. Staff were able to describe these plans and the individual planned responses, such as offering a person an activity known to have a calming effect.

Care plans contained detailed information about people's physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. In one of the files we looked at, there were some gaps where the service had not yet obtained all the relevant information in respect of a recently admitted resident. The staff we spoke with confirmed that this was an ongoing piece of work, which was expected to be completed shortly.

Staff were kept aware of any changes in people's needs on a daily basis. One member of staff told us, "We always get told if anyone is unwell, or if they have any appointments or if they are just a bit down." Daily records contained information about what people had done during the day, what they had eaten and how their mood had been or if their condition had changed. There were also verbal handovers between shifts, when staff teams changed, and a communication book to reflect current issues. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

People's feedback was valued and acted on. The service had a complaints procedure that had been adapted to ensure people with a variety of communication needs could express any concerns they had about the service. The provider's complaints policy and procedure was made freely available in the service and in accessible format. It contained details of relevant external agencies and the contact details for advocacy services to support people if required. The team leader confirmed that the service was not dealing with any complaints at the time of our inspection. We saw records of previous complaints which included clear action plans to ensure lessons could be learned from experience and used to develop the service for others.

Good

Is the service well-led?

Our findings

Staff we spoke with felt the service was well led and that the registered manager was approachable and listened to them. They felt people were involved in the service and that their opinion counted. One care worker said, "The manager is very helpful and will listen to people, nothing is any trouble to her."

People and staff were comfortable and at ease with the manager. We observed people who used the service in the company of the team leader. People presented as calm and relaxed, smiling and enjoying friendly interaction when discussing their plans for the day.

There was an open and supportive culture in the service. Staff were encouraged and supported by the manager and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

People benefitted because the manager encouraged staff to learn and develop new skills and ideas, for example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training the manager would support them.

The manager told us that team leaders and managers attended regular seminars and meetings where presentations was given by CQC representatives and health and safety executives. this

information was then passed into staff members in meetings and supervisions

People were valued, respected and included because the manager and staff were approachable, and listened to and valued their opinions. Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service, for example, staff contributed their views about how people were responding to significant life events, such as bereavement, and how the team might best support people in this position. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff told us, "If we need to pull someone up on something we are encouraged to do so. It's about what's best for [people who used the service]. But we do it constructively and we all respect each other."

People, relatives and visitors had expressed their views about the service through meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. Staff were formally asked their views, as were relatives and people who used the service. We saw records of the last completed survey, and action plans detailing the measures the home intended to take in response to the issues raised. For example, a suggestion was made about the types of activities people had expressed an interest in and this had been arranged. This showed us that people's views and experiences were taken into account and acted on to continually improve the service they received.

People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

A range of audits to assess the quality of the service were regularly carried out. These audits included weekly medication audits, on top of an annual audit from the local pharmacist. Recorded health and safety checks were also regularly carried out. Audits included action plans to address any shortfalls identified. Environmental risk assessments were in place for the building and these were up to date. Full care plan audits were undertaken annually, in addition to the ongoing auditing through the homes internal review system, which included feedback from family members, keyworkers and the person who used the service. This showed that the service developed it's care with input from all relevant stakeholders.

Good

Is the service well-led?

We checked records of incidents the service was required to notify external agencies. We found that the manager had ensured that all the legal requirements had been complied with. This showed us that the service was operating in accordance with relevant regulations.