Maple Health UK Limited

Maple House

Inspection report

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Essex
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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 House is a residential care home that provides personal care and support for up to five people who have a learning disability and/or autistic spectrum disorder. There were four people living in the service when we inspected on 31 March 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.

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

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

Summary of findings

manner. Staff had developed enabling relationships with people which respected their diverse needs. Staff understood each person's way of communicating their needs and anxieties and how best to respond. Staff knew each person's individual care and support needs well.

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.

Robust systems for recruitment and selection were in place to ensure that staff were suitable to work with people who used the service. There were enough staff with the knowledge and skills to meet people's needs.

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 knew how to make a complaint and any concerns were acted on promptly and appropriately

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 follow their interests and take part in social activities and where appropriate attend college. People 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 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.

There were sufficient numbers of staff 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.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's individual needs. The Deprivation of Liberty Safeguards (DoLS) were 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.

Good

Is the service caring?
The service was caring.

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

Good

Is the service responsive?
The service was responsive.

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.

Good

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

There was an open and transparent culture at the service.

Good

Summary of findings

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 House

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 31 March 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 three people who used the service, two members of care staff and the registered manager.

People were able to communicate with us in different ways. Where people could not communicate verbally we used observations, spoke with staff, reviewed three care records and other information for example their risk assessments and medicines records to help us assess how their care needs were being met.

We looked at records relating to the management of the service and systems in place for assessing and monitoring the quality of the service. We looked at three staff recruitment and training files. We also spoke with two health and social care professionals about their views of the care provided.

Good

Is the service safe?

Our findings

People had complex needs, which meant they could not always readily tell us about their experiences. We asked three people if they felt safe living in the service. They communicated with us in different ways. Two people responded by nodding and smiling. Another person told us, "Yes, I am very safe here. If I had a problem I would speak to [manager]."

People were safe because systems were in place to reduce the risk of harm and 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. Staff knew how to recognise and report any suspicions of abuse. This included reporting to the appropriate professionals who were responsible for investigating concerns of abuse.

Appropriate checks of people's finances were completed. This helped to make sure people's money was protected against unauthorised or improper use. 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. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and regularly updated.

Risk assessments were central to day to day care delivery and activities. They clearly set out the type and level of risk and the measures taken to reduce the risk, for example we saw that people were encouraged and supported to maintain their independence and to develop their life skills within a safe environment by either attending college or through activities such as meal preparation, doing their laundry and going swimming. Risk assessments were in place to guide staff on how to minimise any potential risk. This helped to ensure that people were enabled to live their lives whilst supported safely and consistently.

There was an established staffing team was in place. Each person was supported by a member of staff and received one to one support. The manager 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 manager 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 and people who used the service 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 received their medicines as prescribed and intended and were supported by staff appropriately. One person said, "I get reminded to take my tablets when I need to take them. They [staff] bring me a drink and make sure I take them." Suitable arrangements were in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service, when they were given to people and when they were disposed of. Medicines were provided to people as prescribed, for example with food or at certain times. Staff recorded that people had taken their medicines on Medicine Administration Records (MAR).

Staff handover records showed 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.

Good

Is the service effective?

Our findings

People told us they were happy with the care they received. One person said, "I like it here. They [staff] know me and know what I want and need. They listen to me." Another person told us, "They [staff] know what they're doing and know important things about me."

Some people living in the service had complex needs, which meant they could not always readily tell us about their experiences of the service. However, they communicated through different ways such as using pictorial cards and though facial expressions and gestures to show they were satisfied with the staff and care provided. We observed that people were laughing and smiling with staff and appeared happy and comfortable for staff to support them.

Staff told us that they were provided with core training, refresher updates and had also received specific training to meet people's care needs. This included supporting people with autism, managing behaviours and inclusive communication. People had different levels of dependency for staff to help and support them and the training they had reflected this. We saw a member of staff supporting a person who had become agitated and frustrated when using their computer. The staff member demonstrated their understanding of the person's needs by interacting with them in a reassuring and calm manner. They asked if the person wanted to watch a particular programme and when they nodded their agreement helped them to access it. We saw that the person became settled and was laughing and clapping when the programme started. The member of staff told us, "When people can't verbalise what they want you have to learn the signs and sounds they make when they are not happy or are getting frustrated and what things such as a favourite programme or particular activity like trampolining or going outside will calm them." People benefited from a staff team that were skilled to meet their needs effectively.

Staff told us they felt supported and were given the opportunity to discuss the way that they were working, talk through any issues and to receive feedback about their work practice. Through discussion and shared experiences staff were supported with their on-going learning and development.

Staff asked people for their consent and acted in accordance with their wishes, for example one person did not want to take their medicines when asked but when the staff member returned to the person at a later time they agreed. This showed that people's consent was sought and assistance was not provided until the person had agreed to it.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. 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. 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.

Two people told us they liked the food and were involved in planning the menus and preparing meals. One person said, "I like baking and making a cup of tea. I am good at that." Another person nodded and smiled when asked if they liked the food. We saw that people used a mixture of communication aids such as pictorial reference cards and signs to pick meals as well as vocalising what they wanted.

People had plenty to eat and drink, their personal preferences were taken into account and there was choice of options at meal times. 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. Staff supported people to maintain a balanced diet and were aware of how to meet people's individual dietary needs. This included supporting people with weight management as part of a healthier diet and lifestyle. One person told us, "The staff here are helping me to lose weight and I go to the gym."

People had access to healthcare services and received ongoing healthcare support where required. One person

Good

Is the service effective?

told us, “I see the doctor a lot.” Another person said they had visited the doctor and the dentist. Care records seen 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, medicines reviews and annual health checks.

Good

Is the service caring?

Our findings

People told us the staff were caring and kind and treated them with respect. One person said, "They [staff] are great. They help me do the things I want to do and they are really nice." People communicated through different ways such as using pictorial cards and through facial expressions to show they liked the staff and were happy with the care provided. One person smiled when asked if the staff were caring and kind.

We observed staff and people together. The atmosphere within the service was welcoming, relaxed and calm. One person was proud to show us around their home and said about the staff, "They are great, they are my friends." When staff supported people they spoke with them in soft tones and were gentle and unhurried in their approach. People were given time to process information and communicate their responses. People were at ease with each other and the staff. We observed friendly banter and laughing between people and staff during a game of computer bowling. Staff showed genuine interest in people's lives and knew them well, their preferred routines, likes and dislikes.

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. Detailed communication plans helped develop effective understanding between people and staff. This included information about the equipment people used such as pictorial cards and 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.

People's privacy, dignity and choices were respected. People's healthcare needs were discussed privately. 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 before entering. Staff discreetly asked people if they needed support with personal care and this assistance was delivered in privacy.

Regular key worker meetings were held, which helped to develop and maintain positive relationships between people and staff. A keyworker was in place for each person and was responsible for co-ordinating all aspects of that person's care and support. Staff told us they had got to know people well by spending time with them and where possible, through their relatives and friends, as well as reading people's care records. Two people told us they met with their key workers weekly to talk about their care and support. One person said, "I talk with [key worker] about what is important to me, what I want to do and anything bothering me."

Staff understood about people's diverse needs and how these needs were met. This included how they communicated, mobilised and their spiritual needs. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They knew what people liked and didn't like and the different sort of activities and routines that people enjoyed. Staff told us information in people's care plans provided them with guidance and prompts to ensure that people were treated with respect at all times. Records seen confirmed this.

People had the opportunity to make their views known about their care and support through regular key worker meetings. Events and 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.

People had an allocated staff member as their facilitator, sometimes known as a key worker who was responsible for coordinating all aspects of that person's care and support. The key worker met regularly with the person 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 explained how they tailored care and support to people with varying degrees of autism, for example, when a person was not always able to express themselves verbally and were becoming frustrated. Staff had learnt and 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.

Care plans contained detailed information about people's physical health, mental health and social care needs. These needs had been assessed and care plans were developed to meet them. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's routines. Care plans were updated during regular reviews or as and when people's needs changed. As far as possible, people and their representatives were involved in care planning and review processes and consulted about changes to care plans.

Staff were kept aware of any changes in people's needs on a daily basis. 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 were protected from the risk of social isolation because they had regular access to the local community. This included attending college, day centres and the leisure centre. Our observations and discussions with people confirmed they were encouraged to pursue their hobbies and interests such as using the trampoline, football, home baking and gardening. We saw people go out for a walk and make plans to go out for a drive in the car later that day. One person was at college during our inspection and another at the day centre. There were photographs throughout the service of people engaged in different things they enjoyed. For example arts and crafts, cooking and sporting pursuits.

People were also supported to go on holiday and events including trips to the seaside and zoo had taken place. One person told us all the different sporting events they had gone to with the support of staff. This included attending football and rugby matches. They said, "I like to go to see the games. They [staff] take me; it's great." Individual activity plans were completed and records of activities undertaken or declined were maintained. Where people had continued to refuse to participate in their chosen activities records showed that alternatives were suggested. This showed that people were provided with a variety of personalised meaningful activities to maintain their wellbeing.

People's feedback was valued and acted on, for example people planned and chose the weekly menu and agreed who was to prepare the meal with support from staff. People told us they knew how to make a complaint but had not done so as the staff and manager had acted quickly when they raised any issues. One person told us, "No problems here. Everything is spot on. If I wasn't happy I would speak to [key worker] or [manager]." Another person said, "I go to the manager or my [key worker] and we talk about what is wrong and what to do [Key worker] is great. They listen, write it down and we fix it."

The provider's complaints policy and procedure was made freely available in the service and in accessible format. The manager told us that they were not dealing with any complaints at the time of our inspection. Staff and the manager confirmed they welcomed people's views about the service. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. We saw that where concerns had been raised the manager shared any learning and made changes to limit any reoccurrence whether for the person who raised the

Good

Is the service responsive?

concern or others, for example in response to relative's feedback about limited car parking facilities another car park area was being surfaced to increase the amount of parking spaces to make it easier to visit the service.

Good

Is the service well-led?

Our findings

People were valued, respected and included because the manager and staff were approachable, and listened to and valued their opinions. We observed that people and staff were comfortable and at ease with the manager. One person told us, “The manager is great. Always here if you want to talk to them. [Manager] has gone with me to places I wanted to go and helped me a lot.” It was clear from our observations and discussions that 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.

There was effective leadership in place; the manager encouraged and motivated the 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.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service provided for people. Staff contributed towards ideas and suggestions for different activities that people who used the service might like to do. Staff were comfortable voicing their opinions with one another to ensure best practice was consistently followed. This included a reminder to all staff about including details about people’s moods and emotions in their daily records logs to reflect the overall wellbeing of the person.

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. We saw that action plans to address issues raised were in place and these were either completed or in progress. People had contributed to decisions that affected their daily life such as menu choices, different places they wanted to go and activities they were interested in. This showed us that people's views and experiences were taken into account and acted on

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. 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 medicines processes and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Information and identified trends from these audits were analysed by the manager and contributed towards a programme of improvement, with actions identified to ensure people were protected and safe. One example of this was where the medicines audit highlighted a need for a tablet counter to assist with the weekly checks for some people’s loose medicines. We saw that this had been purchased and was in place.

People from the local community including health and social care professionals were complimentary about the care provided, the management and the staff team at the service. They told us people experienced safe, effective and compassionate care.