Maple Tree Care Limited

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Inspection report

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Date of inspection visit:
22 September 2017

Date of publication:
12 December 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 22 September 2017. The inspection was unannounced but we telephoned the service before we left to ensure people were in. The service was last inspected on 25 July 2016 and was rated requires improvement with two breaches for regulation 12: Safe care and treatment and regulation 11, Consent. We had concerns about the safe administration of medication and poor documentation for people who lacked capacity to make their own decisions. At this inspection we found the necessary improvements had been made.

The service was registered in April 2013 and this was only the second inspection. It was registered for five people who had a learning disability. At the time of our inspection there were four people using the service. There was a registered manager, who was also one of the five directors. The directors had known each other for many years and set up the service together. All took an active role in managing and developing the service and this was their only care home.

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.

This was a highly individualised service where the needs of people using it were paramount. The staff knew people really well and people had continuity of care and support. People had previously lived at home with parents and this was their first home since reaching adult hood. Each person had their own room and an individual activity programme around their needs. Staff recognised people's anxieties and behaviours and supported people accordingly.

There were systems in place to reduce risks people faced from day to day tasks and from people's associated learning difficulty. Risks were well managed but without stifling people's opportunity or lessoning people's independence. The environment was well maintained and risks from potential hazards such as fire were well controlled.

Medicines were administered to people as and when required and there were safe systems to do this. Staff were well trained and audits were in place designed to ensure people received their medicines as intended.

Staff received training necessary for their role and continued professional development. Staff understood different types of abuse and said they would raise any concerns if they suspected a person to be at risk from harm or actual abuse. There were clear policies for staff to follow. Robust staff recruitment processes helped ensure that only suitable staff were employed and did not have a criminal past which might make them unsuitable.

Staff were supported in their role and although the directors were always available staff had both informal

and formal support.

People were supported to stay healthy and had adequate diet and fluids for their needs. Staff monitored people's health and there was a plan in place to ensure people received regular health care as needed. People had support around their needs in association with their mental health and associated behaviours.

Staff understood mental capacity and supported people to make day to day decisions and where people were unable to make more complex decisions staff acted in their best interest and followed due processes. This meant staff acted lawfully in terms of supporting people who lacked capacity. Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA ensures that people's capacity to consent to care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process.

Staff had sufficient understanding of legislation underpinning human rights, equality and diversity and mental capacity. They demonstrated this through their approach to person centred care.

The culture within the home was very positive and we saw that people were relaxed and supported to spend their time as they wished. Staff understood and respected people and showed genuine warmth for them. The service was inclusive and involved people's families and wider circles of support. People were consulted as much as possible and able to choose on a daily basis.

People's needs were assessed and planned for. Clear documentation was in place which showed clearly the plan of care and how people's needs were being met on daily basis. It also showed the activities people had participated in and how people's health care needs had been met.

There was an established complaints procedure and feedback was taken into account in the way the service was run.

The service was well led and was highly individualised. A lot of time and passion had gone into creating a home for people where they felt safe and valued and had time to develop their confidence and increased their opportunities .People were not rushed but over time had made significant progress towards greater independence and a more positive outlook where they were able to manage their anxieties and reduce some of their more negative behaviours.

Staff felt supported and wanting to stay within the care professional and develop their professional careers. They had opportunities to do so. The directors had a really strong relationship with each other and created an environment which was a good place to live and work.

There were systems in place to measure the quality of the service provided. It took into account feedback from people and other stake holders about the service provided and how it could be improved upon. It was a progressive service but they were not able to evidence excellence in terms of how they exceeded the key lines of enquiry which form the basis on any CQC inspection. Although it was clear this was a very good service we identified some areas where we believed the service could improve. However these were addressed immediately by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was good.

Risks to people care, welfare and safety were identified and steps taken to reduce the risk. Staff had the necessary skills to protect people as far as reasonably possible for known risk.

There were sufficient staff to ensure people's needs were met.

Staff had knowledge of what constituted abuse and what actions they should take if they suspected a person to be at risk of harm or abuse.

There were safe systems in place to ensure people received their medicines as intended. Staff had the necessary training and competencies.

There were robust staff recruitment processes in place to help ensure only suitable staff were employed.

Is the service effective?

Good

The service was effective.

Staff were supported to ensure they had the right knowledge and skills to undertake their role. Staff had opportunities for professional development. Staff received regular support and training.

Staff supported people lawfully where they lacked capacity to make decisions. People were given day to day choices.

People were supported to stay healthy and to have access to health care as needed .People had regular meals and supported with their hydration and nutrition.

Is the service caring?

Good

The service was caring.

Staff met people's individual needs and gave them sufficient opportunity to develop their skills.

Staff were kind and compassionate and valued people they were supporting.

People determined what they wanted to do and their views and opinions were taken into account with regards to how the service was provided

Is the service responsive?

Good

The service was responsive.

The service was based around people's individual needs and people had personalised care around their wishes.

There were sufficient opportunities for people to engage in activities and hobbies they enjoyed.

There was an established complaints procedures and people and extended families and professionals were able to voice their concerns if they had any.

Is the service well-led?

Good

The service was well led.

The directors had invested a lot of time to ensure the service was safe, and provided people with the care they needed and the opportunities to have a full live as possible.

They worked with people's families to ensure the service was inclusive.

There were audits in place and quality assurance systems to establish what the service did well and where they needed to improve.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 September 2017 and was unannounced. The inspection was carried out on one day by one inspector.

Before we inspected the service we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. The last inspection report and any share your experience notifications.

We also reviewed the Provider Information Return (PIR) which the provider had completed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection we met with the registered manager, three directors, (one of whom is the registered manager,) three care staff, one relative and the four people using the service. We observed the care being provided and looked at two people's care plans, medication records and other records relating to the management of the business. We were able to speak with people but the interactions were limited and we relied mostly on observations across the whole day as most people had limited verbal communication.

We observed people as they engaged with their day-to-day tasks; we observed their care, including the lunchtime meal, medicines administration and activities. This helped us understand the experience of people who used the service.

Good

Is the service safe?

Our findings

The service was last inspected on 25 July 2016 and was rated requires improvement in this area. There was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that there were poor systems in place to ensure people received their medicines as intended. Following this inspection the directors sent us an action plan telling us how they had addressed our concerns. At the most recent inspection we found that the provider had made improvements and no repeated breach was identified.

Throughout our observations we saw people who were unable to initiate communication were regularly asked if they were comfortable. A family member told us staff were quick to recognise and report any changes to their relative's well- being.

Staff all felt confident and empowered to raise concerns and understood what constituted abuse. Staff received training to help them do this but training had not been refreshed for three years. However we were reassured that staff did have sufficient knowledge and information of concern was disseminated effectively throughout the service. We discussed the lack of recent training in this area with the manager. They told us they were completing an advanced adult safeguarding course and then would be able to train staff and said they did refresh staffs knowledge by discussing this area of practice in their supervisions. There was evidence of regular staff meetings and staff supervisions when staff discussed everyone and raised any concerns they might have.

There were policies to follow to ensure people were protected as far as reasonably possible. One staff member could not tell us who they might contact other than the senior staff or the director. We had raised with the manager earlier that there was no visible information for staff to advise them of external agencies they could contact such as the Local Authority or the Care Quality Commission. The manager immediately printed off some information for staff to read and displayed it around the home. When staff came in for their afternoon shift they were asked to read the information to help remind them and assure us they knew who to contact.

Risks to people's safety were reduced because staff were familiar with people's needs and quickly identified any changes in people's health or behaviour. People using the service had an assessment of need and any known risk identified before moving into the service and this was constantly being reviewed by staff. People were encouraged through gradual exposure to overcome their fears and to increase their independence. A good example of this was how staff supported people to access regular health care and had introduced activities to improve people's health. Risks were carefully considered by staff and a plan agreed to reduce them. We saw risk assessments for activities people participated in and for specific health care issues such as the risk of aspiration, where people might eat their food too quickly. Risk was always discussed in line with how best to promote a person's choice which meant risk was not seen as a reason to limit opportunity.

People required support with their finances and although there were policies governing this we were unable to see individual financial assessments. Some people's parents managed finances on people's behalf but

the directors had access to one person's bank account and withdrew monies as required. Consent for this had been passed from family to director and agreed by the bank. Regular statements were available to relatives so they could check all recorded transactions. Finance sheets recorded any expenditure and these were supported by receipts. Although there were regular financial audits these were completed by the manager or directors and there was no evidence of external auditing which would have provided an additional safeguard for people. We were concerned that only one signature was required to withdraw the person's money, two signatures would have provided possibly greater protection. Another person's family brought in money for their relative but they did not have a bank account and there was no upper limit the service had agreed to hold to reduce risk of possible financial abuse. The amount held was small and kept securely but tighter constraints would be beneficial. With regards to the person without a bank account, although meetings had been held with their family no discussion had taken place about how their monies should be managed and accessed safely in the future. The directors had agreed to review the arrangements in place for managing people's finances and confirm this with the CQC and with the social work team. CQC have since received confirmation that financial arrangements have been reviewed and altered to give people greater financial protection.

People received consistent support. There were five directors, one of whom was the registered manager. The manager said the directors covered the morning shifts and care staff worked in the afternoon and covered the waking nights. The directors provided on-going support to care staff and were dedicated to improving the lives of people using the service. Staffing was flexible to enable people to attend different activities and holidays. The service did not use agency staff and all the staff employed had been there for a long time with very little staff turn- over. This meant people received continuity of care. We reviewed the rotas which showed staff cover all necessary shifts and people receive continuity of care.

There were effective recruitment procedures in place. This helped ensure that only suitable staff were employed and were of good character. Checks were made on staff prior to their employment which took into account their previous employment and history. Identification and proof of address was required. In addition references were taken up to check if the person was of good character and a disclosure and barring check completed. This was to ensure the person did not have a conviction which might make them unsuitable to work in care and to check they had not been barred from care work. Interview notes showed how the staff member had been assessed and had met the shortlisting criteria.

There were safe systems in place for the management of people's medicines. Everyone taking medicines needed support from staff to do so safely. Medicines were kept in people's rooms in a locked cabinet to ensure medicines were safe. The temperature of the cabinet was within recommended ranges to ensure the efficacy of the medicines.

Staff received suitable training and their competence was assessed to ensure they understood what they were doing and could give medicines safely. The director and the manager had completed advanced medication training and were able to deliver this training to staff. Audits were completed regularly to ensure the medicines in stock tallied with the signed records. Medicines were accounted for when coming in to and leaving the service and any discrepancies accounted for. There was information about people's medicines such as: when they should take it and any special considerations such as if cream where it should be applied. There was guidance about medicines prescribed for occasional use when required such as pain relief. This helped staff ensure people had medicines as required and medicines were reviewed for their continued effectiveness and to ensure they were not causing unnecessary side effects.

Good

Is the service effective?

Our findings

The service was last inspected on 25 July 2016 and was rated requires improvement in this area. There was a breach in regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that staff had a poor understanding of how to support people who might not be able to make decisions about their care, welfare and treatment and there was poor recording of best interest decisions. Following the inspection the directors sent us an action plan telling us how they had addressed these concerns. At the recent inspection we found that the provider had made improvements and no repeated breach was identified.

We observed staff gained people's consent before supporting them using their assessed communication method. One staff member told us they always involved people in decisions about their lives. For example what people wanted to wear, where they wanted to sit, what activity they wanted to do and what level of interaction they wanted with staff.

Staff spoken with demonstrated they had the right attributes and values for their chosen career. Staff said how much they enjoyed working at the service. One staff told us, "Everyone is very supportive, brilliant team, I feel really valued here." Another staff member said "We provide compassionate care." Staff had all their required training and were supported to complete other professional qualifications. We were able to see from staff records that their training was up to date and they got a lot of both formal and informal support. Supervisions were regular and structured to help ensure staff were able to understand and implement their training. Staff had an annual appraisal of their performance and given the opportunity to reflect of their working practices and plan for their future in terms of professional development. Training covered all the essential areas required for staff to cover in care settings. In addition staff undertook additional studies around learning disability and autism. One family member thought it might be helpful if other health care professionals provided support directly to staff so they could carry through what the professional had been doing.

Staff were supported through induction and worked along more experienced staff until they felt comfortable. Staff had access to regular training and policies and procedures which informed them of actions they should take.

Staff understood people's rights and support they might need to make their own decisions. For example some people had complex needs and behaviours as well as limited communication. People's records stated how they communicated and whether this was through gestures or picture cards and what words they used. Staff also recognised that for some people talking to people they did not know and a lack of trust of strangers made some interactions difficult. This was documented and staff understood the limitations of people to understand complex issues or retain the information they might require to make these. The service had close relationship with families. We asked who else might be involved in making decision in the person's best interest when they were unable to. Staff told us that people did not have an allocated social worker and had not had a review of their circumstances and how the service met their needs for some years. This should happen and we asked the manager to follow this up. They told us they had but there was no

evidence of this. People had regular reviews of their medical needs from their GP. Where people would not be safe to leave by themselves a deprivation of liberty safeguards, (DoLS) had been put in to place as required and we observed minimal restrictions for people. Staff recorded assessments of capacity to help them decide what people could decide for themselves and what they needed help with. For example one person was not always able to access medical treatments due to their high anxiety levels. A best interest decision had been reached about not providing evasive treatment, (blood tests) unless absolutely necessary, given that there was no indication of poor health. The GP had been involved in decisions about this person's health care needs. This decision was regularly reviewed and staff continued to help the person access medical treatment.

Records relating to people's nutritional needs including a record of regular weights were seen. Staff were proactive in reporting any concerns or changes to people's weights. During the morning one person went shopping with staff to the local supermarket. People were offered regular drinks throughout the day and staff were extra attentive to people with colds. Lunch was offered and everyone had their preference. A record of the menus showed people had a wide, varied and healthy diet. Staff also promoted people's well-being by regular checks with the GP and other health care professionals. They encouraged people to be self-sufficient and take some regular exercise including walking and swimming. One person regularly cycled into town with staff support.

People had a record of their health care needs but this had not been transferred in to a health action plan which could go with the person should they need medical attention or a hospital stay. Although people's care and support plans gave sufficient information about people's needs, these were quite lengthy. Whilst at the service the manager started to pull together information for people collating all their health care needs in one record.

Good

Is the service caring?

Our findings

The service was last inspected on 25 July 2016 and was rated as good in this area. At this inspection we found this area was still good. A relative told us the care was exceptional. They said, "Staff have worked very hard to help my family member." They described how much progress they had made since living here and how they always looked forward to coming back after a weekend away with their parents. People using the service had done for some time. The managing directors told us they opened the service five years ago and for about a year they only had one person using the service. They said this was deliberate as they wanted to give people time to settle. They said due to people's anxiety levels they had spent a lot of time to help people to do this. Staff told us how much people had achieved since being at the service. A lot of the examples given were around increased opportunities to participate in holidays, clubs, and activities around their needs. Staff said people had grown in confidence and were less anxious. For example one person was fearful of any medical intervention. Staff had spent time with them and had taken the person to their GP just to visit and familiarise themselves with the environment. Staff said they had accompanied them to the GP when they had an appointment to get them use to it. They said they had practiced given fake injections and had purchased a blood pressure machine. The person was able to practice on staff. The person was now willing to go to the GP and have a basic check-up.

During our visit one person was in the garden and staff said this was being extended to give them additional space. People were observed making plans for the day and relaxing in between. The staff were observed to be very caring and attentive. They picked up very quickly on how people were and gave lots of positive praise and reassurance. Several people were unwell with colds and staff were attentive to their needs and ensured they had tissues and drinks always to hand. One person was wrapped in a blanket and everyone was observed as being relaxed and content in their environment. They were clearly enjoying the staffs company. Other people went out and people were encouraged to maintain their independence and participate in the daily routines. Everyone had something different for lunch taking into account their different meal preferences. For example staff established one person wanted cheese on toast and then asked them how many and white or brown bread. Staff asked if people wanted a drink with or after their meals and supported people to eat at a pace which was appropriate to avoid choking. One person went food shopping with staff and we observed other people being engaged in daily tasks. One person spent time in the garden and staff said they preferred it out there. As a result the directors had bought a small bit of spare land to create additional space for this person. They also said they were going to invest in a hot tub and people had really enjoyed using this when they went on holiday. The service provided a warm, stimulating and pleasant environment for people to live in. The directors said they were always trying to come up with new ideas to improve the lives of people using the service.

People had regular things they did but also could decide on a day to day basis. There was ample transport to enable people to go out and staff proactively supported people to maintain contact with their families. Most people went home to their parents at weekends and holidays but where this was not possible staff supported people in their own homes. One staff member said they took a person to their own home at Christmas. We raised our concern about this because we could not be assured that a clear risk management plan had been put in place or taken into account other people they might encounter in this environment.

However staff said their immediate family had a DBS check. Due to support provided by family's people using the service had time to themselves and staffing levels enabled them to go out and choose what they wanted to do. Staff said they encouraged people to develop relationships but this was sometimes difficult with some people choosing not to pay attention to others. Opportunities were provided for people to socialise with others. Staff said they had tried different ways to support people's communication including face time and tablets. Staff had a list of family birthdays and ensured people sent out cards and kept in touch in person on the telephone.

People were fully involved in decisions and the service was planned around people's individual needs. Staff told us how much people's verbal communication had come on being at the service and this was encouraged and supported by health care professionals, such as speech and language. Staff understood people's needs and said they involved their families as much as possible and in accordance with the person's wishes.

Good

Is the service responsive?

Our findings

The service was last inspected on 25 July 2016 and was rated as good in this area. At this inspection we found this area was still good. People had fulfilling lives and interacted well with staff who they clearly knew well and felt comfortable with them. Staff recognised each person's individual needs and planned accordingly. People had one to one activities and set time with staff and they also spent time as a group. Examples of recent activities included cycling, trips to the town, swimming and day services.

One person told us they kept a diary and this helped them plan and remind them of their routines. Another person had a picture board. The person enjoyed creative things and really enjoyed quizzes and board games and staff supported and encouraged this. They regularly went to discos. Their relatives said their world had opened up a lot more and staff were always coming up with new ideas to support the person.

The care/support plans were very well written and gave a lot of information about the person's attributes and skills as well as what they required support was. The plans were outcome focused and regularly reviewed to help ensure people's needs were met and people were given a lot of different opportunities. Staff were clearly proud of what people had achieved but we could not always see this reflected in peoples care plans. For example it was not clear from people's records if they had any aspirations or goals they would like to achieve as this had not been recorded. One relative said regular reviews were not held but several people had diaries which they used to record what was happening on a daily basis and these went backwards and forwards from one home to another. The relative said changes to their family member's needs or health were always communicated. The service did have a key worker system and they were responsible for ensuring care plans were reviewed and kept up to date. We suggested a monthly summary of people's achievements or areas for consideration might clearly illustrate how people were being supported to have fulfilling lives. We spoke with one person and to the staff about their needs. Staff said when they were first at the home their anxieties and interactions were very limited. Staff said they had been very scared of dogs and would not walk past a dog. They said staff pet dogs now regularly visit the service and the person was much more able to tolerate them. They said they had learnt to swim, go on boat trips and generally participated much more in life. Staff accountability sheets were in place to show who had supported each person and meant the support provided could be monitored.

Staff understood behaviours very well and the possible reasons for them. There was a consistent approach to managing behaviours. Staff identified behaviours which could be ignored and discouraged and those which required monitoring and encouraging.

We could not see clear information about people's health care needs which if collated in one place would help other health care professionals provide continuity of care, for example if a person needed to go into hospital. The manager was not aware if the local hospital had a liaison nurse who was trained and whose role it was to support people with learning disabilities should they need a hospital admission. They immediately agreed to find out and also whilst we were still there put health care plans together for people. They said there was no risk of people not having their health care needs met as no one would go unaccompanied to hospital and staff would support them.

There was an established complaints procedure and there was information around the service to help people and their families to raise concerns if they had any. However no complaints had been formally raised. The directors told us they had open and frequent communication with all families and health care professionals and said things would be addressed immediately if any concerns were noted. Staff reported that all the directors were approachable and they felt able to express their views and the views of people they supported. This meant the service took into account the wishes of people using the service and regularly asked them about the service. Some people had limited verbal communication but staff knew people well enough to decipher if something was wrong or out of the ordinary.

Good

Is the service well-led?

Our findings

The service was last inspected on 25 July 2016 and was rated as requires improvement overall with two breaches of regulation. Following the inspection the directors sent us their action plan telling us how they had addressed the concerns. At this inspection we found this was a well led service. Comments received included, "It's a lovely team, and no one has left." "Staff are open, non-judgemental and work hard to support families." The service had been carefully thought out taking into account the lives and experiences of people before moving in. Admissions had been very gradual to ensure people had the support they needed and able to settle in. Thought had been given to the compatibility of each individual and their relationships with each other to help ensure harmonious living. The directors said they had taken people in for respite care but had to be cautious of doing this because they had people established at the service.

All the directors had positive relationships with each other and complimentary skills. They had invested in their business and ensured the staff team they had recruited shared their visions and values. They were determined to create a home for life as long as it remained appropriate to people's needs. They worked tirelessly to support people and to give them as many opportunities to reach their full potential and lessen their anxieties and behaviours which impacted negatively on themselves. They did this in conjunction with other health care professionals, families and wider circles of support. People were very much part of the community and given the support to take part in a range of activities according to their needs and interests.

Directors worked in the service but also had clear areas of responsibility and delegated effectively to staff to ensure a seamless service for people living there. Records reflected people's needs and gave clear guidance to staff about their needs and any risks to the person care and welfare. Staff were committed, knowledgeable and demonstrated their interest in their job and enriching the lives of people they were supported. They expressed genuine affection for people who were regarded as extended members of family. Families were very much involved and included in decisions about the person's life where appropriate to do so.

Audits were in place to measure the quality and effectiveness of the service particularly in relation to the safety of medication administration, the cleanliness of the service and any factors impinging on the health and safety of people using the service such as the maintenance and servicing of equipment. Emergency contingency plans and fire safety and evacuation plans were in place. However these were not individualised but had been put in place before we left the service. Accidents and incidents were closely monitored to ensure if they occurred they were analysed to enable lessons to be learnt and to ensure actions taken by staff were correct.

The service had an established quality assurance system in which it asked people, their wider families and health care professionals how well the service was delivered and if there was anything that could be done to improve the service. The results of the surveys were extremely positive and everyone felt that everything was done or at least considered and staff helped people progress and reach their goals. Comments included, '1st class service.' 'Excellent, very professional and care staff who provide a safe, happy home.' 'Enthusiastic, always trying new ideas.'

The directors kept up to date with best practice by regularly liaising with the local authority to see what courses were available and accessing any appropriate guidance. They had also attended seminars and events run by local autism charities. They engaged with other local care providers to share best practice and support each other. They invested in learning opportunities for their staff including national vocational courses NVQ or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard.

Information was disseminated to staff on a daily basis and although there were formal meetings these were mostly weekly with the directors and communicated to the senior member of staff to share with the rest of the team.