

Mrs Wendy Ann Enderby

Maple Cottage

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Maple Cottage is a residential care home providing personal care to one person with a learning disability and autism. The provider also lives at Maple Cottage and delivers the majority of care and support the person receives.

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

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

Right Support: The model of care and setting maximised the person's choice, control and independence. Accommodation was in an ordinary house which was in a quiet area whilst not being isolated. The person and provider had developed an exceptionally strong and caring relationship. Through this and positive communication the person was supported to take control and make decisions regarding how they lived their life. The environment had been adapted to fully ensure this met the person's general and sensory needs. A strong and reliable network of family, friends and professionals had been built around the person to ensure their rights and wishes were embedded in the care they received both now and in the future.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The person lived safely and free from unwarranted restrictions because their needs were assessed and monitored. The person's communication style was understood and it was clear they felt listened to.

The person was supported to access healthcare services when required. Safe medicines practices were followed, and the person received their medicines in line with their prescriptions. The person's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met their sensory and physical needs. There was always a choice of food available and the person was able to help themselves to snacks when they wished.

Right Care: There was a warm and inclusive atmosphere where the person had full autonomy within their home. The provider had created a unique home where the person was able to live fully as part of a family whilst receiving professional care. The person's care was extremely person centred and promoted their dignity, privacy and rights. Highly personalised support plans had been developed alongside professionals who knew the person well. The person's quality of life was central to the values of the service and ensured the person was fully in control of decisions about their support and involved in plans for the future.

Processes to respond to any concerns or complaints were in place.

Right culture: The provider continued to show unfailing commitment to the person and ensuring their choices and quality of life were respected. They took great pride in the life they had supported the person to create and in their professional responsibilities. Visits from professionals were welcomed and seen as a good source of advice and support. The provider continued to work with wider organisations to improve the lives of people with learning disabilities and others in the care system and ensure their rights were protected.

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

Rating at last inspection

The last rating for the service under the previous provider was good (published on 3 March 2017).

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Maple Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector

Service and service type

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

Registered Manager

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

The registered manager of Maple Cottage was also the provider of the service. They have been referred to as the provider throughout the report.

Notice of inspection

We gave a period of notice of the inspection. This was because the service is small and we wanted to ensure

the person and the provider would be available.

What we did before the inspection

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

During the inspection

As part of our inspection we spoke with the provider and observed the care provided to the person living at Maple Cottage. We looked at videos and photographs of the person including how the person had changed and progressed over the time they had lived at Maple Cottage. Following the inspection, we spoke with a relative and a visiting professional who is in frequent contact with the service. We reviewed a range of documents about people's care and how the home was managed. We looked at the persons care records, medication administration records, risk assessments and policies and procedures.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies in relation to safeguarding from abuse had been developed by the provider. Safeguarding training had been completed and the provider was aware of how to report concerns should they need to do so. They were clear in the need for transparency to ensure the person remained safe and well.
- We observed the person looked well and was at ease in their home. The person was confident in approaching the provider when they wanted something and there was a relaxed atmosphere throughout our visit. A professional who had known the person for many years told us, "I have absolutely no concerns regarding [Person]'s safety."
- Those who knew the person well told us they believed the person was safe and well-cared for. A family member said, "[Person] is very safe and wants for nothing."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The person lived safely and free from unwarranted restrictions because their needs were assessed, monitored and their safety managed well. The provider was able to describe risks to the person's safety and well-being in detail and this information had been incorporated into support plans.
- The person's needs were well known to the provider who was able to pick up on any anxieties. Their knowledge of the person over many years regarding things which were important to them, sensory needs and communication style meant they were able to anticipate the person's needs without imposing restrictions.
- There have been no recorded accidents or incidents in the 12 months prior to the inspection. The provider had policies in place to ensure any concerns were reviewed and learning put into place. They were able to describe how changes to the person's support had been implemented over the years in response to their needs.

Staffing and recruitment

- Systems were in place to ensure the person always had support available to them. The majority of support was given from the provider with adhoc support provided by someone who had a good, long-standing relationship with the person.
- The provider had contingency plans in place. They continued to work with other agencies and the local authority to ensure the person would receive consistent care in their own home should the provider not be able to offer support if needed.

Using medicines safely

- Medicines were managed safely. The person's medicines were regularly reviewed by professionals involved in their care. Where appropriate, reductions in medicines had been trialled in line with STOMP guidance (stopping over-medication of people with a learning disability, autism or both). This had ensured the person's behaviour was not being controlled by the use of excessive medicines.
- The person received their medicines in line with their prescriptions. Records of the person's medicines were maintained. There were no gaps in administration and medicines were stored safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Following the relaxation of restrictions, the person was free to receive visitors to their home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- The person's needs were continually monitored and reviewed alongside health and social care professionals. This helped to ensure that any changing or emerging needs could be identified and acted upon quickly.
- The provider ensured they received regular training to keep themselves up to date with best practice. A health care professional told us, "[Provider] is always keen on any training and is up to date with everything. They keep themselves informed."
- Training was completed online or by a trainer visiting the home. The same training company had supported the service for many years. They had a good understanding of the unique service provided. The training taking place in the home meant the person was able to observe the training provided should they wish.

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

- The person had control over what they chose to eat and when. We observed the person communicate when they wished to eat and were able to choose and show the provider their preference. The provider was able to share their knowledge of the person's likes and dislikes and were aware how to prepare their food to meet their needs.
- The provider told us they ensured meals were freshly made and healthy options were offered. In addition to meals, snacks were available to the person. The person knew where these were stored and would go and help themselves when they wished.

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

- The person was supported to access healthcare support as required. The provider told us they had developed a close relationship with healthcare professionals. Consultations were usually carried out at home as this was the person's preference. Records showed annual health checks were completed. The person was supported to take part in appropriate health screening and vaccination programmes.
- Positive relationships had been developed with professionals from the community learning disability team. Monthly visits were made to see the individual and review their health and support. The provider also maintained contact with social care professionals in order to continue planning for both the person's current and future needs.

Adapting service, design, decoration to meet people's needs

- The person's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met their sensory and physical needs. The environment was a family home with many pictures, ornaments and home comforts.
- The person was able to choose where they spent their time and had their own lounge and bedroom containing things which were important to them. Sensory equipment was available around the home which the person enjoyed using.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- The person was empowered to make their own decisions about their care and support. The provider was aware of the person's capacity to make their own decisions and understood their communication style well.
- The provider had in-depth understanding of the MCA and DoLS. The provider had ensured the person's capacity and need for a DoLS to be in place had been fully assessed with input from professionals. This process determined the person's liberties were not being restricted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a warm and inclusive atmosphere where the person had full autonomy within their home. It was clear from how the person moved around their home they were comfortable and content. Interactions with the provider indicated the person knew their requests or comments would be treated positively.
- The person felt valued by the provider who showed a continued genuine interest in their well-being. Observations demonstrated their relationship was one of family and genuine care for each other. The way in which the provider spoke about the person showed they saw them as an equal who was extremely important in their life.
- We received positive feedback in relation to the caring nature of the support the person received. A relative told us, "[Person] is very loved by [the provider]. They couldn't be more cared for and understood."

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

- The person's choices were respected and their wishes accommodated. We observed the person chose how they wanted to spend their time, what time they got up, their personal care and food options. Whilst the provider made suggestions to reassure the person, it was clear the person's wishes were followed.
- The provider had developed an excellent rapport with the person over many years. This meant they were able to adjust their approach based on the person's mood and willingness to do things. This ensured the person was not put under any pressure when they may already be feeling anxious.

Respecting and promoting people's privacy, dignity and independence

- The person was treated with dignity and respect, and their independence promoted. The person's relative told us, "The care and dignity that is shown to (person) is outstanding." We observed the person was able to close the door to their room and heard the provider announce themselves when they approached.
- The provider knew when the person needed space and respected this. We observed the provider offer support to the person on a number of occasions throughout our inspection. When the person indicated they would prefer to spend time alone, this was acknowledged and respected.
- The person's independence was encouraged. We observed the provider giving the person verbal prompts and reassurance which the person responded positively to. The provider told us the person had gained skills which they continued to encourage. They told us, "I have always tried to encourage [Person] to do what they could and I think they have gained enjoyment from this. These might be little things but they're important and give confidence, something (they) haven't always had."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The service was tailored to fully meet the needs of the person and ensured flexibility, choice and continuity of care. Feedback from family and professionals confirmed this. A relative told us, "Every need is catered for. It's not a job to [provider]. They are totally dedicated to [Person] and it's clearly appreciated."
- The provider gone the extra mile to create a unique and stable home where the person was able to live fully as part of a family whilst receiving professional care. It was clear from observations, photographs and videos that the person's choices regarding how they spent their time and developed routines were at the centre of the home. The person thrived in this family style environment and gained great pleasure and comfort from a number of pets who shared their home. A professional fed back, "It is tailored to [Person]'s needs and is very person centred. The whole household revolves around [Person]'s needs."
- The provider demonstrated exceptional knowledge of the person and skill at meeting their needs. The person had lived at Maple Cottage and been supported by the provider for many years. During this time the provider had continually ensured that both significant events in the person's life and more minor changes in preferences were responded to robustly. This had ensured the best possible outcomes for the person, protected their rights, and ensured they continued to receive a highly personalised service.
- The provider had developed different areas of the home for the person to use for their preferred activities or to have time alone. The design of the home had been changed to ensure the person had maximum choice and freedom around their home. The provider had added a large room to the home to ensure the person was able to have their own space which met their sensory needs. The room was designed specifically to their needs and contained things which were important to them. For example, the person's television had been mounted at an unusual angle which meant they were able to view this easily from where they chose to lay.
- The person's end of life care wishes were known to the provider. These had been discussed with the person's family and professionals involved in their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service truly enriched the person's life, as well as making a significant difference to their family members, by helping people to remain engaged and stimulated and fulfil their wishes. Everything the provider did focused on the person's well-being and preferred activities.
- Full consideration was given to supporting the person to gain enjoyment from life whilst still acknowledging their anxieties. For example, due to a significant event in the person's life they had become anxious about spending time away from their home. Through the support and encouragement given by the provider, the person had gained confidence and enjoyed going for drives and was able to visit certain family

members and friends in their homes. The provider had considered the design of the vehicle they purchased to ensure the person had good views when going for a drive so they had the best possible experience.

- The provider had shown a great commitment to ensuring the person maintained and developed family links. Contact was made with the person by relatives unknown to them at that time. They had found the person's details when researching the family tree. The provider was proactive in supporting the person in developing these connections. Through these links the person had gained a lot of information regarding their family. The provider told us this had been important to everyone involved. They told us, "We wanted to make sure [Person] had an identity." The provider had designed a box with the person's name to help them keep their family information safe but accessible.
- The provider had gone the extra mile to develop the person's interests. They had also noted the person gained great pleasure from having a book with their name in read to them. A range of books had been personalised with their name which had given them added interest in this activity which they now regularly took great pleasure from.
- The person had been supported to develop a large social network of visitors to their home. Photographs and videos showed the person had built close, trusting and meaningful relationships with people who had been involved in their life over many years. Many friends had initially been involved in a professional or voluntary capacity such as advocates, health care professionals and legal representatives and continued to keep in touch. This also included the provider's family who the person shared loving bonds with. The provider demonstrated a great understanding of the importance of these relationships and continued to develop these links alongside the person.

Meeting people's communication needs

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

- The provider had an awareness of AIS. The person had highly personalised support plans in place which gave detailed information regarding the person's needs, anxieties, preferences and dislikes. These had been designed with pictorial references to support the person's involvement and understanding. Support plans had been developed alongside professionals involved in the person's care.
- Support plans were detailed in describing the person's communication style and support they required in this area. This included where the person used their own specific actions to communicate their wishes. A relative told us, "They (provider and person) have known each other for so long they have excellent communication. [Provider] has such good knowledge of [Person]'s emotional background they are able to pick up on communication and anxiety intuitively."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which set out how concerns would be responded to. No complaints had been received regarding the care and support provided.
- The person's relative told us they felt the provider would always be open to discussing any aspect of the person's care. They told us, "I can't imagine ever having concerns, but I wouldn't worry about speaking to [Provider] about anything. I know she wouldn't be offended. She would just respond and take it on board because anything that's good for [Person] is done."
- The provider had an open and transparent approach. Due to the size and design of the service the provider was conscious of ensuring other professionals and relatives were involved in the person's care. They told this was reassuring to them as if there were concerns others involved would be able to identify and address this.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Maple Cottage provided a truly unique service that was entirely focused and designed around the person that lived there to achieve the best possible outcomes for them. The provider was dedicated to ensuring the person received a safe and high-quality level of care. Governance systems were embedded within the service to monitor quality and drive continuous improvement. A professional said, "This type of service would never be offered again. It's unique and very special. Everything revolves around [Person]'s needs."
- The provider had showed unfailing commitment to the person over many years. Throughout this time the provider had continued to be an incredibly strong advocate for the person to ensure they were able to live the life of their choice and their rights were protected. The impact of this level of commitment on the person's quality of life was clear in their close relationship with the provider and their comfort and confidence in the stability provided to them. The person's relative told us, "I can say without question [Person]'s quality of life is exceptional. I can't believe anyone would get such amazing care. It's all part of this enveloping environment [Provider] has created."
- There was great pride in the professionalism of the support the person received. The provider had created a culture of a family home with the person at the centre whilst continuing to ensure they received training and advice from professionals involved. They spoke with great pride of both the person's achievements and of their own.
- The provider continued to work with wider organisations to improve the lives of people with learning disabilities and others in the care system. They continue to be part of a consultation group looking at government legislation and best practice. They told us they felt it was essential the views and rights of people, families and those supporting them were put forward. They took pride in being able to contribute.
- The provider championed the rights of people with learning disabilities both outside and inside the service to improve systems for people receiving support. The provider acted as an advocate and provided advice to people receiving care and their relatives in the community. They were committed to ensuring people's wishes and preferences were listened to and their rights protected.
- The provider worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. The person had support from a wide range of people with professional expertise. The provider had ensured relationships made over the years were fostered with both the person and themselves. This had not only widened the person's friendship group but also meant they had strong advocates to support their rights and wishes.
- Visits from professionals were welcomed and seen as a source of support. The provider was mindful of the

closed culture risks involved in them providing the majority of the person's care in a close environment. They received monthly visits from professionals to monitor the person's well-being and the quality of support they received. In addition, visits from other professionals including social care reviews and GP calls were regularly sought. A professional who had visited stated, "It's clear that you [provider] are highly committed to maintaining [Person]'s health and happiness."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider engaged with the person, relatives and professionals; they were open and honest and found opportunities to improve. A relative told us, "If there was a problem [provider] would always let us know. We keep in contact and although travelling and visiting has been difficult for us, we have enjoyed getting photographs and videos of [Person] and what they have been up to. It's all very open."
- Due to the size of the home and close relationship the provider was able to monitor and act on the person's views and choices on a daily basis.
- The provider was committed to ensuring continuous improvement wherever possible. This included making changes to the environment to suit the person and ensuring they remained up to date with current best practice.
- No duty of candour incidents had occurred. However, the provider was aware of their responsibility to be open and honest should there be concerns and the need to report any significant events to the CQC.