

Maple Health UK Limited

# Maple View

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Maple View is a residential care home that provides personal care and support registered for up to five people with a sensory impairment, learning disability and/or autistic spectrum disorder. People using the service live in a purpose built bungalow, located within a residential community setting alongside four other individually registered services run by the same provider. On the day of our inspection there were five people living in the service.

### Rating at last inspection:

At our last inspection, the service was rated 'Requires Improvement'. Our last report was published on 9 January 2018.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### People's experience of using this service:

We previously inspected Maple View in November 2017 where the service was rated 'Requires Improvement'. This was because we found that since our inspection in June 2015 where the service was rated 'Good' there had been a deterioration in the quality of care. There was a breach of Regulations 9, 12, 17, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made good improvements to the service since our last inspection on 8 and 22 November 2017.

- Staff received better training, induction, supervision and support so they could effectively perform their roles.
- The registered manager had resolved issues surrounding the recording, investigation and analysis of incidents and accidents.
- Governance of the service had improved. Systems had been put in place for auditing the quality and safety of the service with action plans produced.
- People and relatives told us the staff were kind, friendly and supportive of their needs. Staff knew people's needs well.
- People's safety had been considered and risks had been reduced by improved risk management systems.
- Medicines were managed safely.
- Care plans had been reviewed and systems put in place to enable ongoing review with people's changing needs updated in a timely manner.
- People told us they were satisfied with the quality and variety of food they were provided with. People were supported to develop skills in food preparation and cooking.
- Referral for specialist support was accessed when needed. For example, in relation to management of

behaviours that may present a risk, continence needs and support for people with sight and hearing impairment.

- The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were provided with choice and control with opportunities to gain new skills and become more independent.
- The service met the characteristics for a rating of 'Good' in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was 'Good'.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Maple View

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

Maple View is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission who was also a director. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an unannounced inspection.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection:

We spoke with one person who used the service and followed up with phone calls to three relatives. Some people were unable to tell us their views about the quality of the care they received, therefore we spent time observing interactions between people and staff.

We also spoke with the registered manager, team leader, two support workers and a visiting social care professional.

We reviewed:

- Notifications we received from the service
- Two people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Medicines management
- Recruitment records for three staff.
- Staff training matrix
- Staff and keyworker meeting minutes
- Quality assurance surveys

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our previous inspection in November 2017, we found significant shortfalls in the safety of the service. We rated this key question as 'Requires Improvement'. At this inspection we found risks to people's health, welfare and safety had been considered with improving management oversight. We have judged this domain as 'Good'.

Systems and processes to safeguard people from the risk of abuse

- All staff had been provided with training in safeguarding people from the risk of abuse.
- Staff understood what they should do in response to safeguarding concerns. Contact information for the local safeguarding authority was available for staff should they need to refer concerns to them.
- The registered manager demonstrated their knowledge of local safeguarding protocols as they had managed previous incidents, reporting appropriately and carrying out investigations when required.
- People told us, "I feel safe with all of the staff. I like living here, I think it is better than it used to be." Relative's told us, "It is a safe place. Much better than where they [person's relative] lived before. We have seen a positive change in their [person's relative's] confidence and engagement with other people."

Assessing risk, safety monitoring and management

- There were improved systems for assessing, monitoring and safeguarding people from the risk of harm. For example, specialist advice had been sought with strategies developed where people presented with behaviours that may cause harm to the person and others.
- Improved record keeping ensured that statutory checks were completed and action plans produced where shortfalls had been identified.
- Our observation of the building and grounds showed no apparent risks.
- Measures were in place to ensure people were protected from the risk of cross infection with correct food handling and hygiene procedures followed.

Staffing and recruitment

- There were enough staff to support people safely. There were sufficient numbers of staff available during our inspection.
- Relatives told us, "There always appears to be enough staff whenever we visit." And, "There is always a good mix of staff male and female. There are some good male role models amongst the staff which is important for [person's relative]. There are enough staff and [person's relative] receives the one to one support they need."
- The registered manager considered the skills and experience that each staff member had when planning the rota to ensure that people were supported by competent staff who knew them well.
- Recruitment systems continued to be effective and ensured suitable people were employed to work at the service.

### Using medicines safely

- Medicines were managed safely. There were systems for ordering, administering and monitoring medicines. Staff were trained and assessed as competent before they administered medicines. A check of stock tallied with administration records. Medicines were secure and records were completed correctly.
- Where people received medicines 'as and when required', there were clear guidelines in place about when these medicines should be taken, and the reasons they may be required recorded.

### Preventing and controlling infection

- People were protected from the risk of infection. There were cleaning schedules in place and management checks carried out.
- The service was clean and fresh. Staff were provided with training in infection control.
- Infection control audits were now in place, conducted regularly with actions planned to respond to shortfalls recorded.

### Learning lessons when things go wrong

- There were improved systems with Incidents and accidents recorded and reviewed by the registered manager. Where areas for improvement had been identified action, plans were put in place to prevent re-occurrence.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection in November 2017, we found staff did not always have the skills, knowledge and relevant training to meet people's needs. We rated this key question as 'Requires Improvement'. At this inspection we found improvements had been made. We have judged this domain as 'Good'.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet and their preference as to the gender of the carers who supported them.
- The management team supported staff to provide care in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Since our last inspection the provider had taken steps to ensure staff had access to training from an accredited, external trainer. For example, equipping staff with the skills and knowledge they needed to meet the needs of people with sight and hearing impairments. Staff now received accredited British Sign Language training to enable staff to support people's communication needs.
- A relative told us, "The staff have received training to support [person's relative] and I can see they have listened to the specialists supporting [person's relative]. They [staff] are using the strategies and it seems to be working out very well."
- Staff had completed a comprehensive induction and training programme. They were provided with regular opportunities for supervision and appraisal. Staff told us they were supported well.

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

- People told us they were supported to learn skills and increase their independence. They said they were encouraged to be involved in the planning of menus, shopping, food preparation and cooking.
- One person said, "We decide each week what we will eat and I go shopping with the staff. I would like to have lamb chops but staff tell me they are too expensive." With this person's permission we spoke with the registered manager who told us they were not aware of this but would take action to respond to this person's feedback.
- One relative told us, "They [staff] support [person's relative] to choose what they want to eat. They are encouraged to get involved in preparing their food and cooking it. [Person's relative] used to eat rubbish where they lived before but now they eat much more healthily."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with agencies such as intensive behavioural support teams, GP's, psychologists and continence advisors to ensure people's needs were met. A visiting social care professional told us, "They do

very well here. They listen to our advice and are doing a great job implementing the strategies we have advised.

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

- People were involved in decisions about the premises and environment. For example, rooms were personalised according to people's taste. Communal areas were homely.
- One person told us, "I like my room, it is private and I have my things I like around me." A relative told us, "They [person's relative] has a lovely big room which I can tell they like very much. The place is clean and well maintained."
- Technology and equipment was used effectively to meet people's care and support needs.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals as required. Records were completed when visiting healthcare professionals came to see people which included an explanation of why they had visited, what recommendations were made and any follow up appointments required.
- Health action plans had been produced to ensure people's health care needs were recorded with planning to maintain their health and wellbeing. Some people had complex mental and physical health conditions which staff were aware of. Staff kept records of all health appointments and the outcome.

#### 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of the MCA and understood the importance of gaining consent before providing support. People were encouraged to make decisions for themselves and there was a strong emphasis on involving people as much as possible. People told us care plans were developed with them and they had agreed with the content.
- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health and social care professionals where appropriate.
- There was no one subject to a DoLS. However, the registered manager and staff understood their legal responsibilities where people's movement may be restricted. They understood the process for making application to the safeguarding authority to ensure they worked within the MCA and protected people's human rights.

# 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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

At our previous inspection in November 2017, people told us staff were not always properly informed or trained and this impacted on their ability to care for people in a caring dignified manner. We rated this key question as 'Requires Improvement'. At this inspection we found improvements had been made. We have judged this domain as 'Good'.

Ensuring people are well treated and supported; equality and diversity

- We observed people were treated with patience, kindness and dignity. One person told us, "I am comfortable with all the staff. Not so keen on agency staff because they don't know us so well but I have not felt unsafe with them." A relative told us, "They [staff] are always friendly and welcoming. They [staff] have done wonders with [person's relative], always kind and helpful, we are very pleased."
- Each person had their life history recorded which staff used to get to know people and to build positive relationships with them.
- One person told us, "I get to review my care plan with the staff. I know what it says and they consult with me to check I agree with what is written about me."

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

- Where people were unable to communicate their needs and choices, staff were provided with guidance and understood how best to communicate with people. For example, we observed staff using British Sign Language (BSL) and pictorial prompts to enable people to express their views and be understood.
- The views of people were surveyed through monthly, one to one meetings with their keyworker.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People were supported to have choice and control in their day to day lives.
- Staff enabled people to have opportunities to spend time as they chose and where they wanted. One person told us, "They [staff] give me choice about how I spend my time. Go to bed when I want and get up when I want to. They treat me like a person."
- People were supported to maintain and develop relationships with those important to them. Relatives told us they were welcomed at any time and people supported to visit their families.
- We observed staff treated people with dignity and respect and provided compassionate support in an individualised way.

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

At our previous inspection in November 2017, people's needs had not always been planned in a manner that was responsive to their needs. We rated this key question as 'Requires Improvement'. At this inspection we found improvements had been made. We have judged this domain as 'Good'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Improvements had been made in the pre-admission process and planning to meet people's needs prior to their move to the service.
- Where people had recently moved to the service pre-admission assessments had been carried out and transition plans were in place.
- Relative's told us, "They [staff] worked really well with the intensive support team before [person's relative] moved in here, they planned things well, really listened, attended the training provided by the team and are dealing with [person's relative] complex needs without the use of medication. We are really impressed." Another relative said, "They [staff] have managed the move very, very well. The staff are very good with [person's relative], they have settled well and I can tell [person's relative] is happy there. When they came home last weekend they were asking to go back which has shown this was a good move."
- People's communication needs were identified, recorded and highlighted in care plans. Staff understood the Accessible Information Standard. (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.
- We observed from interactions between people and staff that access to information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- People told us that they would speak with the registered manager or the team leader if they had any concerns.
- The service had a complaints procedure. A copy of the procedure was provided to people using the service and their relatives/representatives. Staff were aware of the procedure and what action to take if they received a complaint.
- There had been no complaints since the last inspection. There was a system in place to log complaints and compliments received with a format to ensure an audit trail of responses and outcomes.
- Relatives knew how to make a complaint should they need to. They told us they believed they would be listened to and any concerns acted upon in an open and transparent way by management team.

End of life care and support

- People were consulted to make decisions about their preferences for end of life care. Where people had declined to comment this had been clearly recorded and opportunities provided to review.

- Professionals had been involved as appropriate to support people at the end of their life.
- Staff understood people's needs, were aware of good practice and guidance in planning and providing end of life care. This included respect for people's religious beliefs and preferences.

# 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

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our previous inspection in November 2017, the governance and oversight of the service did not ensure that responsibilities were clear and that regulatory requirements were understood and managed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Since our last inspection improvements had been made in the oversight and governance of the service. People's safety had been considered and risks had been reduced by improved risk management systems.
- Staff told us they were listened to and that the registered manager was approachable. One member of staff said, "It is much better now that the manager is managing just the one service and not two. They are more available for us and it feels a bit more organised than it used to be when you were last here."
- Staff told us they worked well as a team and with the improvement in the quality of training provided. They also said the standard of care had improved for people who used the service.
- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with people who used the service and stakeholders.
- A visiting social care professional told us, "They provide good care here. The staff appear to pull together well, are enthusiastic, listen to advice and I am very impressed."

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

- All the staff we spoke with told us the registered manager was approachable and supportive.
- There was an improving workplace culture at the service. Since our last inspection the registered manager spent more time in the service as they no longer managed more than one of the provider's services. Staff told us the increased presence of the registered manager had improved staff morale and provided more stability.
- Staff worked well together, and there was a shared spirit of providing a good quality service to people.
- The previous inspection rating was displayed at the service and on the provider's website. When required, notifications had been completed to inform us of events and incidents, this helped us to monitor the action the manager had taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular feedback was sought from people who used the service and their relatives. There were more regular staff meetings. We saw from a review of meeting minutes that staff could speak about people's care and operational issues.

- There was an improved system for responding to and logging complaints. The registered manager demonstrated a willingness to learn from feedback and use this to improve the service.
- Good links with the local community had been accessed for the benefit of people who used the service and with key organisations. These links reflected the needs and preferences of people. For example, one person told us, "I go to mindfulness classes which have helped me with my anxiety." A relative told us, "[Person's relative] has good access to the local community, the staff support them to go out to the places they like to visit. They [staff] have done a great job because there was a time when they [person's relative] would not have had the confidence to get on public transport and mix with the general public."

#### Continuous learning and improving care

- Since our last inspection we found improvement in the oversight and governance of the service. The registered manager had improved systems for auditing the quality and safety of the service. Where shortfalls were identified action, plans were produced with timescales.
- The provider carried out occasional visits to the service with very brief reports produced.

We recommend that the provider's quality monitoring include evidence of discussions with people who use the service, relatives and staff with actions planned in response to feedback received.

#### Working in partnership with others

- Staff and the management team worked well with other professionals such as intensive behavioural support teams, psychologists, community nurses, social work teams and GP's.