Maple Health UK Limited

Maple Cottage

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on the 11 May 2016 and was unannounced.

Maple Cottage is registered to provide a residential care service with support for up to five people with a learning disability and/or autistic spectrum disorder. On the day of our inspection there were three people living at the service.

There was a registered manager who was on long term leave from the service. Another registered manager from another of the provider's services who was also a director was covering during the registered manager's absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The safety of people who used the service was taken seriously. The registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were processes in place to ensure people's safety, including risk assessments with guidance for staff with actions to take to safeguard people from the risk of harm. These identified how the risks to people's safety were minimised and ensured people's human rights, to choice and freedom were safeguarded.

Medicines were stored in a safe place. Staff had been trained. Where people required assistance to take their medicines, there were arrangements in place to provide this support safely.

There were sufficient numbers of care staff available to provide one to one care and support according to people's assessed needs. Care staff were trained and supported to meet people's individual needs. There was a consistent team of skilled staff who had developed good relationships with the people they cared for.

There were systems in place to ensure that people's rights to respect, privacy and dignity were promoted and respected.

People and or their representatives, where appropriate, were involved in making decisions about their care and support. Where people were not able to give informed consent, staff and the manager ensured their human rights were protected. Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

The service was committed to providing personalised care and ensured that people using the service were consulted about how they lived their everyday lives. People were supported to access holidays and activities according to their personal choice and preferences.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible according to their choices, wishes and preferences. The management team provided effective leadership to the service and enabled people to air their views through care reviews, one to one meetings. The manager and the provider carried out regular quality and safety audits of the service. These identified any shortfalls in delivery of the quality or safety of the service, with actions planned including timescales to evidence planning for continuous improvement of the service.

The provider had a complaints policy which detailed the procedure for logging a complaint and was available in easy read format for people to view. Relative's told us they knew who the manager was and would speak directly with them if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe as although the provider carried out a number of safety checks the provider's recruitment processes did not always identify their decision making in assessing risk when employing people with previous convictions.

Staff had been provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures were in place to guide staff in how to report concerns appropriately.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm.

Safe systems were in place to provide people with their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff were motivated, trained and effectively supported.

The manager and staff understood their roles and responsibilities with regards to the Mental Capacity Act 2005.

People's dietary needs were met.

People were supported with access to healthcare support when they required according to their needs.

Is the service caring?

Good

The service was caring because people were treated with kindness, compassion and their rights to respect and dignity promoted.

People were encouraged to express their views and were consulted on all aspects of their care and welfare. People's opinions were listened to and acted upon.

Is the service responsive?

Good

The service was responsive because people were involved in the planning and review of care and support needs.

People were supported to live life to the full and to follow their interests and hobbies as much as they were able to.

People were encouraged to express their views and the provider had systems in place to respond formally and audit any complaints received.

Is the service well-led?

Good

The service was well led.

The culture of the service was open, inclusive and centred on promoting the quality of life for people. People were actively involved as much as they were able in developing the service.

Staff understood their roles and responsibilities and were supported well by the management team.

The provider had a complaints policy which detailed the procedure for logging a complaint and was available in easy read format for people to view. Accidents and incidents were monitored. A range of audits to assess the quality and safety of the service had been regularly carried out.

Maple Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 11 May 2016 and was unannounced.

This inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, this included the review of statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with one person who used the service and who was partially able to verbally express their views about the quality of the service they received. We also spoke with one relative.

We spoke with three members of staff and the acting manager.

We observed the interactions between members of staff and people who used the service. We reviewed the care records and risk assessments for two people who used the service. We also looked at three staff files to see whether staff had been recruited safely and at staff training records to ensure that staff were trained to deliver the care and support people required. We looked at systems for the management of people's medicines, meeting minutes, monitoring complaints and compliments received by the service and reviewed information on how the quality and the safety of the service was monitored and managed.

Requires Improvement

Is the service safe?

Our findings

The people who lived at the service had limited ability to verbally express to us their views about the quality and safety of the service. However, we observed people to be at ease and comfortable in the presence of staff.

Where staff had identified concerns in people's safety and wellbeing, appropriate action was taken to contact other health and social care professionals to support people's wellbeing and protect them from the risk of harm. We saw from a review of records and discussions with the registered manager and the acting manager previously, that they had followed the local safeguarding authority protocols in reporting safeguarding concerns for investigation. They demonstrated learning and actions they had put in place.

Care staff had been provided with training in safeguarding people from avoidable harm and potential abuse as part of their induction. They provided us with examples of the different types of abuse which could occur, and what action they would take to ensure the person's safety by reporting their concerns to their manager. It was evident from our discussions with staff that they were aware of how to report concerns internally but were not aware of how to contact the local safeguarding authority if they had concerns. However, during our inspection the acting manager accessed the local safeguarding authority information leaflets for staff to access for future reference. They told us they would communicate this to the staff team.

Risk assessments were in place to guide staff on how to minimise any potential risk. This helped to ensure that people were enabled to live their lives whilst supported safely and consistently.
Risk assessments clearly set out the type and level of risk and the measures taken to reduce the risk. For example, we saw that people were encouraged and supported to maintain their independence and to develop their life skills within a safe environment by either attending college or through activities such as meal preparation and going swimming.
Where people had been assessed as at risk of exploitation from others, guidance for staff was clearly described to safeguard people from the risk of potential harm.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access support and advice when required.

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

One relative told us, "We have no concerns about the safety of [our relative]. The home is very well managed and we are reassured [our relative] is perfectly safe there. They appear happy and content."

People's medicines were stored and managed safely. Staff who handled medicines had been provided with training. We saw that records were maintained which described medicines prescribed and the medical conditions these were prescribed for. Medication administration charts (MAR) were in place for recording medicines when administered. There were clear arrangements in place for the use of as and when required medicines (PRN). We also saw that the use of homely remedies had been agreed with the individual's GP and clearly recorded on the MAR. We checked the amount of medication with the amounts on the MAR and this tallied for all items we checked.

The provider's recruitment procedures demonstrated that in the main they operated a safe and effective recruitment system. This included completion of an application form which identified any gaps in employment history. A formal interview, previous employer references obtained, identification and criminal records checks. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills they required for the work they were employed to perform. Where one staff member had been employed, a Disclosure and Barring (DBS) check identified a previous conviction. The acting manager told us an assessment of risk had been completed prior to their agreement to employ this person. However, there was no recorded evidence of this assessment which would have identified what action had been taken to reassure the provider of this person's suitability to work with people who may be vulnerable by their circumstances.

Good

Is the service effective?

Our findings

Some people living in the service had complex needs, which meant they could not always readily tell us about their experiences of the service. We observed that people were laughing and smiling with staff and appeared happy and comfortable with the staff who supported them.

Staff received support through one to one supervision support meetings and regular staff meetings. These provided opportunities to monitor staff performance and support planning for staff development and identification of individuals' training needs. One member of staff told us, "We have lots of training and regular supervision." Another told us, "We are a close team and talk regularly and openly at handovers and with our acting manager who we see regularly."

Staff had received a variety of training relevant to their roles and responsibilities. This included training in autism awareness, managing distressed behaviours with least restrictive options and meeting the needs of people with a health condition such as epilepsy. Care plans included guidance on the use of appropriate methods of communication for individuals. We saw that people's communication needs had been assessed and staff used a range of methods to communicate with individuals and to ascertain their views. For example, with the use of pictorial prompts for ascertaining people's views as to their welfare needs, their likes and dislikes, in planning weekly menus and ascertaining their choice of leisure activities. This enabled staff to understand the needs of the people they cared for,

Staff received training and support to enable them to meet the needs of the individuals they supported and the importance of gaining their consent before the delivery of care and treatment had been provided. Where people were not able to give informed consent, staff and the manager ensured their human rights were protected. Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). The DOLS was being correctly applied with staff completing referrals to the local safeguarding authority in accordance with the law to ensure that any restrictions to people's freedom of movement, for their safety, their best interests had been assessed by those qualified to do so. People's care records provided information on their capacity to make decisions about their everyday lives and how their care and support was provided. Where people did not have the capacity to consent to care and treatment an assessment had been carried out.

We saw that appropriate DoLS referrals had been submitted to the local safeguarding authority. This meant that steps had been taken to uphold people's human rights to access best interests assessments by those qualified to do so where a person's freedom of movement had been restricted in their best interests. For example, where people required constant staff supervision and limitations placed on certain activities for the individual's protection.

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover and regular staff meetings. We saw from a review of handover records that staff had been supported with guidance to enable them to meet people's needs and evidence when tasks had been completed which also provided an audit trail for

management reference.

People were supported to maintain good health and have access to healthcare services. People had been supported to access annual health checks. We observed one person supported by staff to visit their GP during our visit.

Daily notes recorded the outcome of any recommended treatment or when follow up was required. Health action plans had been produced for each person which described their health care needs and how best to support each person. These documented people's healthcare needs and important personal information to guide staff in supporting people appropriately.

Care staff understood what actions they were required to take when they were concerned about people's health and wellbeing. One relative told us, "They keep me up to date with how [relative] is doing. They call me at least twice a week to update me on their wellbeing. It gives me such reassurance to know any changes they are right on it and get them to the GP when needed." Records showed that where concerns had been identified, the relevant health professionals had been contacted. This included access to specialist healthcare. For example, access to epilepsy nurse, GP's and psychologists. When treatment or feedback had been received this was reflected in people's care records. This ensured that everyone involved in the person's care was aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. Weekly menu plans recorded people's choice and when they had reviewed their options and changed their menu according to personal taste. People were supported to maintain as much independence as possible and told us they were encouraged to be involved in food preparation and cooking. We observed people encouraged to be involved and enjoying the activity of making cakes in preparation for one person's birthday party the following day.

Good

Is the service caring?

Our findings

We observed people to be at ease and comfortable when staff were present. The atmosphere was relaxed, warm and friendly. It was noted that staff were not rushed in their interactions with people. People were treated with warmth, kindness and staff had time to chat. . Staff had developed enabling relationships with people which respected their diverse needs. Staff understood each person's way of communicating their needs and anxieties and how best to respond. Staff knew each person's individual care and support needs well.

One relative told us, "I cannot say anything bad about that place they are absolutely brilliant. [Relative] has massively befitted from living there. [Relative] has really come out of themselves. The staff are all kind and [relative] has a wonderful life with so much to do. So much more than they did before they moved there."

The living environment was appropriate to the particular lifestyles and needs of the people living in the service. The service had recently been purpose built. It was homely, clean, safe and comfortable. People's rooms were decorated according to their personal choice and taste. People had their personal possessions with them. Each person had a personal inventory which detailed the items belonging to the individual. We noted that one person whose family had recently purchased a wardrobe for their room; this was yet to be entered into their inventory record.

People's wishes and choices were supported and respected and people were encouraged to be as independent as possible with how they lived their daily lives. Support was provided where necessary with daily living tasks and people were encouraged to do as much as possible for themselves in supporting them to be independent and become more confident in their abilities.

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. People and their relatives had been involved in the planning of their care where this was possible. This included how they wished to spend their day, their chosen routines and what activities they chose to be involved in.

We observed staff treating people with respect. Care plans described for staff how to respect a person's individuality and promote their dignity when supporting them with personal care activities.

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promoted their rights.

People's personal histories and life stories were documented within their care and support plans. People were supported and encouraged to maintain links with their family, friends and the local community.

Good

Is the service responsive?

Our findings

Care staff had a good insight into people's wishes, preferences and needs. Care plans were detailed and informative. These provided staff with the guidance they needed, setting out people's health and welfare needs and included people's choices and preferences, providing a clear picture of how each person wished to receive their care and support. Staff had been provided with guidance as to each person's likes, dislikes and what action to take if they presented with distressed behaviour to situations and or others.

Care staff told us that people's care and support plans provided them with the information that they needed to support people in the way that they preferred and these were regularly reviewed and updated to reflect people's current care and support needs. They also told us that people's needs were regularly discussed and any updates communicated at daily handover and staff meetings.

People had an allocated member of staff known as their 'keyworker'. This member of staff was responsible for coordinating all aspects of that person's care and support. The keyworker met regularly with the person to enable them to assess their wellbeing, discuss their views about the care and support provided and to plan activities.

Daily records contained information about people's wellbeing and what activities they had been involved in during the day, what they had eaten and detailed any incidents and occurrences which impacted on the person's health and wellbeing. This information meant that staff were aware of and could respond to people's changing needs.

People's feedback was valued and acted on. For example, people were consulted in the planning of weekly menus and in planning their social and educational activities. People's diverse needs, such as how they communicated had been described within their plan of care in great detail. Multi-disciplinary meetings were held on an annual basis and care plans were updated to reflect people's changing needs when appropriate.

People were supported to follow their own interests. Staff supported people to go on holiday to a place of their choosing and access to community activities such as swimming, cinema, meals out, shopping and social clubs. Other activities provided to enable people to develop their educational and independent living skills were supported. For example, attending college, day centre, access to life skills courses, menu planning and food preparation.

People were encouraged to express their views and the provider had systems in place to respond formally to complaints and concerns received. The acting manager told us they had not received any formal complaints since the service opened within the last year. We saw the provider had a complaints policy which detailed the procedure for logging a complaint and was available in easy read format for people to view. Relative's told us they knew who the manager was and would speak directly with them if they had any concerns.

Good

Is the service well-led?

Our findings

The manager was registered with the Care Quality Commission (CQC) to manage two services and was currently on long term leave from the service. Another registered manager currently managing two other of the provider's services, and who was also a director, was covering during the registered manager's absence. This meant that the acting manager was managing four services in total. All of the provider's services were located next to each other within a cul-de sac area. Staff told us the acting manager was supportive and spread their time evenly across the services to support staff and the people who used the service.

There was effective leadership of the service. People and staff were positive about the management of the service, describing the leadership as supportive and approachable should they have any concerns. Observations of how staff interacted with each other and the management of the service showed us that there was a positive, enabling culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed.

Staff morale was good and the atmosphere was positive, warm and supportive of people who used the service and of each other. The culture of the service was centred on meeting people's needs. Staff told us issues were openly discussed and the focus was always on the needs of people who used the service and meetings such as staff and handovers were used in reviewing and planning how to promote people's quality of life.

There were clear communication systems in place such as handover meetings and communication books where messages were passed from one shift to another. Staff feedback was encouraged, acted on and used to improve the service provided for people. The provider had systems in place to support staff and monitor performance such as, supervision and staff meetings. Staff told us they were actively encouraged to question practice and make suggestions for improvements and their ideas were listened to.

Staff understood how to report accidents, incidents and any safeguarding concerns in accordance with the provider's policy. There was an emphasis on striving towards meeting people's personal care and support needs in a safe, empowering manner. We noted that a recent incident of alleged abuse had taken place. The acting manager had submitted a safeguarding referral to the local safeguarding authority but had failed to submit a statutory notification to the Care Quality Commission (CQC) as required by law. Following a discussion with the acting manager, they told us they would take action to rectify this immediately which they did so within 48 hours of our visit.

The provider had a formal complaints policy in place with appropriate time scales for responding to complaints. Staff and relatives told us that they had been able to raise concerns and had confidence in the management to address issues in a timely manner.

Records were well organised and staff were able to easily access information when this was requested. Risk assessments had been produced and regular health and safety audits were carried out to ensure people

lived in a safe and secure environment free from hazards.

A range of audits to assess the quality and safety of the service were regularly carried out. These audits included medicines management monitoring and health and safety checks. Environmental risk assessments were in place and regularly reviewed.