

Roselock Limited

# Maple House

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Maple House is a residential care home, registered to provide care and support for up to 8 adults with learning disabilities in one adapted building. 8 people were using the service at the time of inspection.

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

There was a positive relationship between people and staff who supported them. Throughout our visit we observed staff interact with people who used the service in a kind and courteous way. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People were cared for and supported by staff who had relevant training and skills. Staff had a good understanding of people's needs, choices and preferences, and were aware of how to meet people's individual needs as they changed. People's dietary needs were taken into account and their nutritional needs were monitored appropriately. We noted not all staff had received a formal supervision meeting recently.

We have made a recommendation about staff supervision.

### Right Care

People received care and support that met their needs and took account of their preferences and personal circumstances. One relative told us, "I am very happy with the home." There were suitable arrangements for the safe storage, management and disposal of medicines. The registered manager worked well with other health and social care professionals to support people using the service. There were enough staff to meet people's care and support needs. The provider had a system in place to record and monitor accidents and incidents.

### Right culture

People and their representatives felt the service was well managed and staff felt supported. They found the registered manager approachable and friendly. People's safety was promoted by staff who had been trained to recognise and respond effectively to the risks of abuse. People were supported by staff who had received appropriate training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. There were clear lines of responsibility and accountability within the management structure of the service. Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

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

#### Rating at last inspection and update

At the last inspection the service was rated requires improvement (published 20 February 2020) and there were breaches of Regulations 15 (Premises and equipment), and 17 (Good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Maple House

## 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 one inspector.

#### Service and service type

Maple House 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 House 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before inspection

We reviewed information we had received about the service. We looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We requested an updated action plan from the registered manager regarding the breaches we found at our last inspection. We used all this information to plan our inspection.

### During our inspection

We spoke with 3 people who used the service, 3 members of staff and the registered manager. We reviewed a range of records. This included 3 people's care records, 3 staff files, training records, staff supervision records and medicine administration records. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

We were able to get limited views from people due to their communication needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us. Following the inspection, we continued to seek clarification from the provider to corroborate evidence found. We spoke with 3 relatives and 1 healthcare professional by telephone to obtain their views of the service.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the system in place was not robust in ensuring the environment and equipment was safe. We noted that 3 fire doors in the service were not closing fully against the frame. This put people, staff and visitors to the service at risk in the event of a fire. We also found the provider was failing to ensure people had access to clean drinking water as we found the shower heads in 2 shower rooms could drop below the water level when the showers were in use. This was also the case with the shower head in the bath. This could create a backflow (an unwanted flow of water in the reverse direction) and could be a serious health risk for the contamination of drinking water, which people and staff consumed. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At this inspection we found systems were in place to demonstrate safety of people, staff and visitors was effectively managed.
- Fire doors were checked regularly to ensure they closed properly. Safety checks were carried out on a weekly basis. Staff were encouraged to report any issues to the maintenance team.
- The shower heads had been replaced and had been clipped to ensure they could not drop below the water level when they were in use. These were also checked on a regularly by staff.
- We looked at records which confirmed that checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service. For example, the gas safety check on the boiler was carried out in November 2022 and the Portable Appliance Testing was done in July 2022.
- We found care and support were planned and delivered in a way that ensured people's safety and welfare. Risk assessments had been undertaken which informed staff how to keep people safe.
- Risk assessments gave staff clear guidance on how best to support people in different situations, for example, when people went out in the community. This helped to ensure care and support was delivered in a safe way.
- Staff knew about people's health needs and ensured they were safe when carrying out any task. Risk assessments were reviewed and updated to reflect any changes in people's needs.
- The provider also had an environmental risk assessment in place which identified potential risks and how to minimise them.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had.
- People told us they experienced safe care. One person told us, "Yes, I feel safe here." The provider had

policies and procedures in place to keep people safe from abuse.

- Records showed and staff confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe.
- Information about reporting concerns, together with relevant contact numbers, was displayed in the service. This showed staff, relatives and people who used the service had access to information about how to raise concerns and what procedures to follow. One member of staff said, "I will inform my manager about any abuse."
- Staff were aware of the whistleblowing policy and knew how to raise concerns about any unsafe practice.

#### Staffing and recruitment

- There were enough staff employed to meet the needs of the people using the service.
- People and their relatives told us there were enough staff working at the service. One person replied "Yes" when we asked them if there was enough staff on duty. One relative told us, "There are always staff around when I visit, I have no concerns."
- We looked at the staffing rota and found sufficient numbers of staff available to support people with their care needs.
- Some of the staff had worked at the service for a long time. The provider used only one regular agency staff to cover sickness. This helped to ensure people received consistent care from staff who knew them well.
- The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.
- Staff personnel records showed a number of checks had been undertaken. Checks included staff's previous employment history, proof of identity, written references and criminal records checks. The provider also carried out checks to ensure that staff could work lawfully in the country. This helped to ensure staff employed to support people were fit to do so and showed the provider understood their legal responsibilities regarding safe staff recruitment.

#### Using medicines safely

- The service had suitable arrangements in place to protect people using the service against risks associated with the unsafe management of medicines. Where people needed assistance to take their medicines, staff helped them accordingly. People were happy with the way staff administered their medicines to them.
- Medicine Administration Records (MARs) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines.
- Medicines were managed by staff who had received the relevant training. There was guidance in place on managing 'when required' medicines for each person.
- MAR sheets were completed correctly and there were no missing signatures.
- The registered manager carried out regular audit of medicines, including people's medicines administration records. Medicines were stored appropriately in a lockable metal cupboard.

#### Learning lessons when things go wrong

- The registered manager had systems and processes in place for recording and reviewing accidents and incidents. They reviewed the records to identify any action needed to reduce the likelihood of incidents happening again. Where necessary, measures were put in place to avoid any repeat events.
- Learning from incidents and accidents was shared with staff during handovers and team meetings to prevent recurrence.
- There was an on-call system in place so there was always a member of the management team available.



### 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 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 accessing testing for people using the service and staff.
- 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 was facilitating visits for people living in the home in accordance with the current guidance.
- Staff had received training in infection prevention and control. They understood the roles and responsibilities in this area to ensure people they supported, were safe.

# 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 the last inspection this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection in January 2020, we noted a number of first aid items were expired. For example, we saw a wound dressing had expired in July 2010, an antiseptic solution was expired in November 2018, a box of urinalysis reagent strips, which were used to test for a wide range of conditions, had expired in November 2014.
- During this inspection we found regular check was undertaken to ensure all first aid items were within their use by dates and not expired. The first aid box had been replaced. This helped to ensure people as well as staff received safe care during minor accidents and injuries.
- The registered manager worked well with other health and social care professionals to support people using the service. People's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed.
- People were supported and encouraged to have regular health checks and were accompanied by staff to their GP's or hospital appointments. For example, we noted one person was referred for an occupational therapist assessment due to difficulty with their mobility. This showed people were supported to maintain good health.
- Staff monitored people's health and welfare and reported any concerns to the registered manager.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs.
- Relatives told us that staff knew what they were doing. One relative said, "The staff know what they are doing, always very helpful."
- The provider had a training programme for all staff to complete to ensure they had the skills to meet people's needs. One staff member said, "The training is good." Another staff told us, "We do training online as well as face to face."
- Records showed that staff had received training in a number of key areas relevant to their roles. Staff had received training in moving and handling, the Mental Capacity Act, equality and diversity, infection control, fire safety, safeguarding, communication, health and safety and the mandatory training on learning disabilities and autism.
- There was an induction period for new staff. Staff would shadow an experienced member of staff until they were competent to work on their own. The induction covered their familiarisation with the service, the people who used it and the policies and procedures of the provider.
- Staff were given appropriate support which helped to ensure they were able to provide effective care.

However, we noted not all staff had received a formal supervision meeting recently. This was discussed with the registered manager who had already identified supervision meeting and annual appraisal to be take place for all staff as needed.

- Following the inspection, the registered manager sent us an action plan on how they would address the shortfalls we identified with regards to staff having regular supervision.

We recommend that the provider follows best practice in supporting staff by providing regular formal supervision meeting.

- Staff told us they were supported by the registered manager. One member of staff told us, "[Registered manager] is always very supportive."

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

- People were supported to eat and drink enough to help keep them healthy.
- At our last inspection we noted that staff did not always follow good practice guidelines with regards to food safety. We found 2 food items had been opened with no dates of opening on them. They were also not stored in appropriate conditions, designed to prevent harmful deterioration and protect them from contamination. They were left in their packaging instead of a sealed container.
- During this inspection we found foods were stored correctly and they had date when they were opened.
- Staff knew what people preferred to eat, including likes and dislikes. They prepared food according to people's needs and wishes. One person told us, "The food is good."

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

- People's needs were assessed before they started using the service.
- Prior to a person starting to use the service, the registered manager carried out an initial assessment of their needs to ensure they could meet them.
- The registered manager gathered as much information from the person themselves and also from their relatives. The assessment covered areas such as the person's health, physical, social, psychological and cultural needs so that care plans reflected how the person wanted to care and support them. This meant people received care and support from staff who understood their health conditions or preferences in how care was delivered.

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

- People's needs were met by the adaptation of the environment and appropriate use of equipment.
- People had access to different aids to ensure their needs were being met. For example, we noted there were walking shower rooms for people who were unable to get in and out of a bath.
- People were able to decorate their rooms and personalised them with photos their relatives had brought in.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the importance of people having the right to make their own decisions. They were aware of what to do to ensure people's rights were protected.
- Staff received training on the MCA and they told us if there were concerns about people's capacity, they would refer it to the appropriate professional for an assessment.
- Staff made sure they sought the consent of the person before providing any care and support to them.
- People were able to make day to day decisions about their lives. For example, they were supported to choose what they would like to eat or how to spend their time.

# 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 the last inspection this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we noted the provider's quality assurance systems and checks were not always robust. We found expired first aid products, expired food products and risk of water contamination. We also noted some fire doors not closing properly. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 17.

- Effective systems were in place to quality assure the services provided, manage risks and drive improvement.
- There were a range of monitoring and audit tools to assess and monitor the delivery of care and support to people.
- The management team undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration and health and safety checks audits.
- We saw where any issues had been found during these audits, an action plan was put in place which stated what the service needed to do to resolve them.
- There were processes in place to get formal feedback from staff, people who used the service and their relatives through satisfaction surveys on an annual basis. This did not happen in 2021 due to the pandemic and now resumed again in 2022. There were opportunities to discuss the quality of care provided during conversations and discussions with people, staff and relatives on a day to day basis.

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

- People and relatives told us that the service was a good place and that they could speak with the registered manager as and when they wanted. One person told us, "The [registered] manager is nice." A relative said, "The [registered] manager is very helpful, always responsive if I have any queries."
- The registered manager operated an 'open door' policy and were in regular contact with people, relatives and staff to ensure the service ran smoothly. Staff told us that the registered manager was supportive. One member of staff told us, "[Registered manager] is lovely manager, I can talk to them about any issues I have."
- The registered manager was aware of when the CQC should be made aware of events and the responsibilities of being a registered manager. They had reported events to the CQC when these had occurred and as required by law.
- Staff were aware of who they were accountable to and understood their roles and responsibilities in

ensuring people's needs were met.

- The provider had a range of policies and procedures governing how the service needed to be run. They were reviewed and updated with the latest guidance within the health and social care field.
- Relatives told us they received regular updates and information about their family members. One relative said, "The staff keep me updated with what's happening with [family member] and I also visit the home."
- A professional working with the service told us, "It is a good service, the manager is always very responsive and do their best for the people there."

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

- The provider ensured people and staff had an equal opportunity regardless of their abilities, their background or their lifestyle. Staff had received training in this area and had a good understanding of equality and diversity.
- The registered manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible.
- There were regular meetings held for staff to share their views and experiences and for the registered manager to cascade information about things happening in the service. Staff told us they were encouraged to discuss any issues they might have or share ideas during these meetings.
- There were also regular meetings held with people who use the service where people had opportunities to discuss different areas such as activities they would like to take part in or food they would like to eat.

Working in partnership with others

- The registered manager worked closely with the local authority and other professionals to ensure they improved the care and support they offered to people.
- The registered manager kept themselves up to date with best practice. They regularly attended meetings which were held by the local authorities.
- The registered manager also attended regular meetings with other registered managers within the company to share ideas regarding how they managed their services and where improvements could be made.