

Maplewood Independent Living Limited

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Inspection report

The Blue Chip Business Centre, The Old Exchange
Mill Lane
Dunmow
CM6 1BG

Tel: 01371877707
Website: www.maplewoodhcs.co.uk

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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

Maplewood Independent Living Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing personal care to three people. Most of the people who used the service did not receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Feedback about the service was positive. The registered manager promoted a culture where people were at the centre of the service.

The registered manager had developed well-ordered and effective systems to enable them to develop and grow the service safely. There were regular checks to monitor the quality and safety each person received. The registered manager took prompt action when concerns were raised.

The registered manager carried out risk and needs assessments with people and their representatives. They had developed practical and attractive care plans which provided staff with useful information to enable them to support people in a person-centred manner.

Safeguarding practices protected people from the risk of abuse. Staff supported people to take their medicines safely, and as prescribed.

There were enough safely recruited staff to support people, in line with their needs and preferences. The registered manager had purchased a new electronic system to support them to manage staffing and enable them to grow the service in a sustained and safe manner. Staff were well supported and trained. Many had a wealth of experience in caring.

Staff supported people to eat and drink in line with their preferences. The registered manager and care staff focused on developing good local contacts and networks and working with other professionals to meet people's needs in a holistic way. The registered manager had worked effectively to reduce the risk of infection from COVID-19.

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.

Staff were compassionate and treated people with dignity. The registered manager used photographs and

accessible language exceptionally to ensure information was presented in a way people understood. Care was personalised and centred on people's preferences.

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

Rating at last inspection

This service was registered with us on 13 February 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Maplewood Independent Living Limited

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that 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

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2021 and ended on 19 August 2021. We visited the office location on 29 July 2021.

What we did before the inspection

We reviewed information we had received about the service. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and a member of staff. We reviewed a range of records relating to the management of the service, including two people's care records, three staff files, training and quality assurance records.

After the inspection

The provider sent us additional information, as requested. We had contact with two relatives and another member of staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people. The registered manager promoted a culture where safeguarding was at the forefront of the service.
- Staff had received safeguarding training and knew what to do if they were concerned a person was at risk of harm.
- There was an open culture where staff were vigilant and discussed openly any concerns they had about people's safety.

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

- The registered manager had assessed the risk to people for every area of support. Care plans provided staff with practical explanations about the risk and how they could help support the person to remain safe. For instance, the care plan stated that the person's mobility could deteriorate if staff failed to arrange chiropody appointments.
- There were systems to check staff were supporting people safely, such as unannounced spot checks. The registered manager reflected and learnt from the difficult experiences during the COVID-19 pandemic. They described the improvements they had made in every area since they had started managing the service.

Staffing and recruitment

- There were enough staff to support people safely. Rotas were consistent and well planned. The registered manager had purchased a new system to help manage rotas. Staff told us they were able to spend time with people and met their needs without rushing.
- Feedback from people was positive about the whole staff team. The office staff also provided care flexibly, which had helped manage staffing gaps.
- There were safe recruitment systems in place, with well-ordered staff files.

Using medicines safely

- Staff supported people to take their medicines safely and as prescribed.
- Medicine care plans were personalised and practical. They highlighted areas of risk, such as the importance of getting prescriptions on time. Staff and people had clear information about who was responsible for which tasks.
- Staff had the skills to support people with their medicines. They received regular training and competency assessments.
- There were effective checks to monitor whether people took their medicines safely. Staff were vigilant and took responsibility to support the registered manager in checking medicines were administered safely. Any

medicine errors were addressed promptly.

Preventing and controlling infection

- The provider had measures in place to manage risks from COVID-19.
- Staff had access to the necessary equipment, such as masks and gloves, to enable them to support people safely. They had received training and updates about how best to reduce the risk of infection.
- The registered manager had kept up to date with ongoing changes throughout the pandemic and communicated well with staff to ensure they kept people safe. For example, the registered manager had alerted staff to be particularly vigilant when there was a spike in COVID-19 cases locally.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager had carried out assessments of people's needs. They consulted with people and their representatives as required.
- Each person had a care plan providing details to staff about their support needs. The registered manager had recently started updating the care plans to a high standard. The new plans were practical and accessible.
- The registered manager told us new care staff met with people before they started supporting them. Care staff also learnt about people's care needs from shadowing more experienced staff and from regular contact with the registered manager.

Staff support: induction, training, skills and experience

- Staff received the necessary training and guidance to ensure they had the skills and knowledge to provide personalised care. There were effective systems to check training was up to date. A member of staff told us, "I feel confident and competent with all the training Maplewood has provided me with."
- The staff we spoke to were experienced care staff. The care they described reflected what was in people's care plans. A member of staff described how they supported a person who was reluctant receiving care. They said, "If you make a cup of tea and have a little chat about their friends so they are in a happy place, you can then introduce care."
- New staff received an induction when they started working at the service and shadowed more experienced staff to develop their skills. The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff were well supported. They had regular supervision meetings and team meetings with the registered manager.

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

- People and their relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences. None of the people being supported had complex needs in this area, however the registered manager demonstrated they had the skills and experience to meet complex nutritional and hydration needs if required.
- Care plans outlined people's preferences and encouraged staff to promote healthy living, such as adding vegetables to a meal. Daily records and photographs in care plans showed people had a varied diet.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Care plans had clear guidance on what staff needed to do to support a person to remain healthy. For example, a person had a practical oral health care plan, highlighting their wish to remain independent in brushing their teeth. Staff were responsible for prompting and supporting visits to the dentist.
- There were excellent examples where staff had worked well with other health and social care professionals, such as sourcing equipment for people from an occupational therapist. Staff had information on named care professionals who knew people well, for example, in a GP surgery.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received MCA training and demonstrated an understanding of respecting people's rights to make decisions about their care. Observations of staff competence checked staff asked for consent before providing care.
- Care plans gave clear information about whether relatives had responsibility to support a person to make decisions. This was written in an empowering manner, highlighting people's rights to retain control over their care, as appropriate.

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff were compassionate when speaking about the people they supported. Support was not rushed and there was an emphasis on spending quality time with people, developing close and caring relationships.
- Care plans included information and photos about special occasions and people, to encourage staff to spend time talking with people about memories that were important to them.
- Contact with families was promoted pro-actively. There were family photos in care plans and information about how much contact the person had with each relative.
- Staff had information about people's cultural needs, such as religious beliefs. A member of the care staff gave us examples where they had purchased food for a person, in line with their cultural preferences.
- Feedback from families was positive. A relative told us, "Staff treat my family member with great respect, always professionally and courteously."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were involved in shaping their care. They were asked what they wanted from their care. One person gave as an objective a specific activity they wanted to do, which staff facilitated regularly. In another care plan, a person had stated they had no aims or objectives and said, "I am happy potting along on a day to day basis."
- There was a positive culture around promoting people's independence. The registered manager had discussed individual tasks with people, agreeing which area they would be able to do themselves. For example, a person was able to dress independently unless they were feeling stiff, then they would need staff support.
- The registered manager gave an example where they had advocated for a person to ensure they had the necessary information and support to make a decision. This demonstrated a passion for promoting people's rights and the skills to enable them to remain involved.
- There was practical guidance to staff about respecting people's dignity. For instance, there was guidance on how to knock before entering a property, to alert a person but not alarm them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care was personalised and holistic. People were treated as individuals and central to the care they received.
- Care plans and recordings reflected a responsive service. A person's care plan stated they liked to go and feed the ducks on a warm day. There were photos showing trips out with staff to the ducks. A relative said, "You come up with pro-active ideas on enrichment and ideas for ways to make [Person's] life more comfortable."
- Care was reviewed regularly and when people's needs changed to ensure the service was meeting their needs. This gave people and their representatives a say in the service they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered in a personalised and practical manner. A person's care plan explained how they used to like to read a newspaper but could no longer do so. Instead, staff were asked to read a newspaper from the person's iPad.
- Care plans and other documentation were written in practical accessible language. Photos were used exceptionally well to bring care plans to life and record the care people received.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since the service had been set up. People and their relatives told us they had not had any reason to complain but would feel able to if required.
- Informal complaints were dealt with well. The registered manager created regular opportunities for people and relatives to feedback and resolved any concerns promptly.
- There was a complaint process in place. Information from feedback was used to improve the service. For example, the registered manager had listened to a family about the rota system and was making changes through the new App.

End of life care and support

- Although the service was not currently supporting anyone with end of life care, they had supported a person who had recently passed away. The registered manager spoke with compassion about the relationship they and care staff had developed with the person and their relatives.

- The registered manager and care staff worked alongside the local community matron to provide palliative care when necessary. This included developing end of life care plans to ensure they provided consistent and compassionate care.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was passionate about providing good quality care and focused on how the service could enhance people's quality of life. They had recruited staff with great care to ensure a high standard of care was maintained.
- People, relatives and staff were positive about the service, in particular about the commitment and example shown by the registered manager. A relative told us, "The registered manager has always been very efficient with their management style which has made our lives easier at the more difficult times" and "The registered manager goes above and beyond what I expect."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The previous registered manager had recently left and been replaced by the current registered manager who had already been involved in developing the service. The transition process had been smooth. The registered manager told us they were focusing on improving the service, after the challenges during the COVID-19 pandemic.
- The registered manager had set up robust systems to check the quality of the service. Although care was currently only provided to a small number of people, these systems were a good foundation to help maintain quality at the service as numbers increased.
- Staff said the manager was clear about the standard of care they expected. They told us, "I've had an appraisal, supervision and spot checks, when the registered manager randomly appears. They have standards and would challenge nicely if they needed to."
- The registered manager spoke about their aspirations to develop an outstanding service. They had joined professional networks so they could find out about best practice and learn from more established organisations. We saw evidence of continual development and improvements.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ; Working in partnership with others

- People and their families were central to the service and consulted regularly. For example, they were asked for feedback on the care they received during spot checks.
- The registered manager involved staff and asked for their views about how to develop and continually improve the service. They had asked staff for feedback about the new app being used to manage rotas. The

registered manager contacted the company to pass on feedback from staff and request improvements.

- A member of staff explained that they and other staff had followed the registered manager when they set up the new service. They said, "There is a bunch of us [staff] who have never left the registered manager. They are just a good boss who looks after us and we all work as a team."

- The registered manager described how they aimed to be a good quality local resource and were pro-active about setting up links with local organisations and professionals. These contacts helped people receive a more holistic and joined up service.