Maple Tree Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 25 July 2016 and was announced. Maple Tree Care Ltd is registered to provide accommodation and personal care for up to four people who have a learning disability. We gave the service 48 hours' notice of the inspection because it is small and we needed to be sure that people would be in.

There was a registered manager in place. 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 registered manager, who was also a director of the company, was away on holiday at the time of our visit. We met with three of the company directors during this visit.

The service had sufficient staff to meet the needs of the people living there. Staff were recruited safely and subject to the completion of appropriate checks. Staff had received training in how to recognise and report abuse. The registered manager and other directors of the service knew how to report any safeguarding concerns to the appropriate local authority if necessary.

Staff were not always well supported. They did not receive any formal supervision or appraisal and some training courses for staff were not undertaken at the recommended intervals.

Staff knew people well and were aware of their history, preferences and likes. People's privacy and dignity were upheld.

All medicines were administered by staff who were trained to do so but some aspects of medicines management needed improvement.

Where possible people or their relatives had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs. There was a good level of detail for staff to reference if they needed to know what support was required.

There was a complaints procedure in place although this was not written in a format that people living in the home would find it easy to understand.

The Care Quality Commission is required to monitor the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had limited knowledge of the MCA and DoLS. The principles of the MCA had not always been followed when decisions had been made on behalf of people who could not make them for themselves.

We found the home was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

People's medicines were stored safely but not managed effectively which placed people at risk of harm.

There were enough staff to provide people with support when it was required.

Appropriate recruitment checks had been undertaken prior to staff commencing employment.

Risk assessments were carried out and covered a range of areas. Action was taken to reduce these risks.

Is the service effective?

Requires Improvement

The service was not consistently effective

No best interests decisions had been recorded. This meant that staff were not always acting in accordance with the Mental Capacity Act 2005.

Staff received some training to help them carry out their job role however this was not always up to date.

People had access to healthcare professionals to ensure they received effective care and support.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

Relatives were positive about the care and support provided by staff.

Staff were knowledgeable about individual's communication

methods.

Is the service responsive?

Good

The service was responsive.

Staff delivered care that was in line with people's care plans.

People had the opportunity to take part in a number of different activities according to their preferences

Is the service well-led?

Requires Improvement

The service was not always well led.

There were not effective systems in place to monitor the quality of the service.

The service had an open culture and welcomed ideas for improvement.

There were processes in place for reporting accidents and incidents.

Maple Tree Care Ltd

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 25 July 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small service and we needed to be sure that people would be in. The inspection was completed by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we carried out this inspection, we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to ask their views on the quality of the service.

We spoke with three people's relatives. We also spoke with staff and looked at care plans to help us communicate with people who used the service. We observed how people were cared for and how staff interacted with people to help us understand their experience of the support they received.

We spoke with three care staff and three directors of the provider company. During the inspection, we looked at one persons support plan as well as records in relation to the management of the service. This included staff recruitment records, staff supervisions, complaints and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

We checked the services procedures for the storage, administration and recording of medicines. Some people had their medicines stored in their bedrooms, and others with an office area. We found that people's medicines were not always managed and administered safely.

We viewed the medicines administration record (MAR) charts for all four people who live at Maple Tree and found that they were not all accurate. We saw that one person had a box of pain relief tablets in their medicines cabinet. The box was not labelled and the medicine was not included on the MAR chart in order that staff could sign when administering the medicine. We spoke to one of the directors about this and were told that the reason that the medicine was not included on the administration chart was because it was considered a 'homely remedy'. A homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies. However because staff were administering this medicine to people it was important that it was signed for to prevent over administration.

MAR charts did not always contain up to date information on the quantity of medicines stored within the service, when they had been received by the service or by whom. During our audit of medicines we compared medication records against quantities of medicines available for administration. In all instances we found amounts of medicines carried forward from one month to the following were not recorded so it was not possible for the provider to audit them fully.

We found that some medicines were not being stored safely. One person had a pain relief medicine which had two different brands stored within the same box, this meant that the medicines were not all the original tablets as supplied by the pharmacist. We also found a number of identical nasal sprays for one person which had been unsealed; however they were not dated when opened. We also found that there were a number of other medicines and creams that were not dated when opened. We could not therefore be sure that the provider had followed the manufacturers guidance about how long medicines are to be used after opening.

When we reviewed MAR charts we saw that a variety of different codes were used to explain why someone had not had their medicines.On some MAR charts there was not a key to identify what these codes meant. This meant that the provider could not be sure the exact reason why people may not have had their medicines.

Within one of the medicines cabinets we found an unnamed strip of pain relief tablets as well as unnamed containers of topical creams. This was important because there was no means of identifying who the medicines belonged to. We discussed our concerns with the senior carer who took one of the lead roles for medicines at the service. They took immediate action to remove some of the unnamed medicines that required returning to the pharmacy.

We were told by the directors that audits of medicines, and the systems in place to manage them, were not

undertaken at the service. They advised us that this was something they would be putting in place.

These concerns about medicines are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The directors had systems in place to help protect people from the risk of abuse and avoidable harm. People's relatives told us they felt their family member was safe. One said, "We are more than happy with the service. We are so confident that our [relative] is well cared for and safe."

The staff we spoke with understood the different types of harm that people could experience. They demonstrated they understood how to report any concerns if they needed to within the provider organisation. However they were not clear on how to report concerns to outside organisations such as the local authority. The directors were clear about how they would respond to any safeguarding issues appropriately should they arise.

The directors had assessed, documented and developed plans to address the risks associated with people's individual care and support needs in order to keep them safe. These plans detailed people's mobility needs, their mental and physical health and any behavioural support needs. Staff were aware of this information and understood their role in protecting people from harm.

We saw that the directors had also put measures in place to manage the risks associated with the overall running of the service, including the maintenance of the building and fire safety arrangements within the service.

There were enough staff to meet people's needs. The directors determined staffing levels based on people's assessed needs. The directors also told us that one of them was usually always at the service working. In addition there were other care staff employed. Staff we spoke with told us that there were always enough staff on shift and they were never short staffed as one of the directors would always come in if needed. During our inspection, we saw that people received prompt and appropriate support that was often on a one to one basis.

The service followed safe recruitment practices. Appropriate checks were made on staff applying to work at the service such as references and Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also included proof of staff identity and references to demonstrate that prospective staff were suitable for employment. The staff we spoke with told us that, prior to starting in post; the service had completed checks and requested references from two previous employers.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met. We found that assessments of people's capacity to consent to decisions about their care and support had been completed. However where people lacked the capacity to consent, a best interests meeting had not been held. We discussed this with the directors on the day of our inspection who recognised that improvements were needed.

Staff had limited knowledge of the MCA. None of the staff we spoke to could tell us the implications of DoLS for the people they were supporting. One staff member said, "I've heard of that but I don't know what it means." We discussed this with the directors who told us that they were not surprised and that staff had not had any training in the MCA yet.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We noted people were not free to leave the service by the front door due to this being locked to ensure people were safe. When people did leave the service they were supervised by staff. We checked and saw that appropriate applications had been submitted to the authorising body to deprive people of their liberty for their own safety.

Although formal processes were not being followed in full for people who lacked capacity to consent, we observed that staff checked with people that they were happy with support being provided. Staff asked permission before providing support to people. One member of staff told us they sought people's consent before providing care or support. They told us , "I offer [person] to have their hair washed, if they don't want to I will ask again later. If they say no it means no."

Staff said that they received sufficient support in order to fulfil their roles and responsibilities. We spoke with staff about their experiences of induction at the start of their employment. One staff member told us that they had spent time shadowing and learning how to support people before working alone. The directors described how they had 'cherry picked' their team of support staff, ensuring that the right team were employed to support people.

One of the directors told us that staff had not commenced the Care Certificate yet, however they planned that staff would start it on completion of their probationary period. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. It should be completed within the first 12 weeks of employment and as part of staff induction.

Staff told us they had not been receiving regular one to one supervisions. This was confirmed by the directors who told us that staff did not have formal supervision however they could talk to them whenever they liked. Supervisions provide an opportunity for management to meet with staff, give feedback on their performance, identify any concerns, offer support and learning opportunities to help staff develop. Despite this staff told us they felt supported in their role by the directors, one said "I may not have regular one to one's but I know I can go to the directors whenever." We discussed the lack of staff supervision with the directors during the inspection, they told us that the staff team had grown over the past three years since the service had opened and that formalising supervisions and additional annual staff appraisals was part of their plans going foward.

We looked at how staff were supported to develop their knowledge and skills. Staff told us that they had undertaken some training since commencing work at Maple Tree. One staff member told us how they had recently undertaken fire safety training and how this enabled them to ensure they could follow safety processes effectively. However they also gave examples of training which they had not yet had the opportunity to undertake. We looked at staff files and saw that some staff had not updated their training in areas such as food safety and had not received any training in MCA and DoLS. We followed this up with the directors during and after our visit in order to obtain additional information. One of the directors told us they were in the process of booking the necessary training for staff. In addition they told us one of the directors was planning to undertake a 'train the trainer' course. Train the trainer is where a member of staff or management is trained and skilled to deliver training from within the service. .

Individual support plans gave detailed guidance regarding people's nutritional needs and staff knew peoples food preferences and dietary requirements well. People were able to enter the kitchen area freely and staff and the directors told us how people helped with meal preparation and tasks such as washing up. Some people were trying to maintain a healthy weight. Staff knew this and were supporting them to eat healthily. Another person needed modified food and staff support to ensure that they ate slowly. During lunch time on the day of our inspection staff ensured that they sat with the person to support them. The staff member, however, also ate their lunch so the occasion felt natural and relaxed. One person's relative told us, "I often see the food that people are eating. It always seems well planned and there is lots of home cooking." Another relative said, "My [relative] has lost weight since living there. They needed to do so and the combination of healthy eating and increased exercise has helped"

People received effective on-going healthcare support from external health care professionals. People attended their GP surgeries, dentists and hospital appointments with staff and in some instances family support too.

Good

Is the service caring?

Our findings

Throughout our inspection we observed staff interacting with people who were living at the service in a manner which was kind, compassionate and caring. Most of the people who we met were not able to verbally tell us about the support they received. However we observed that they appeared happy as people were smiling and interacting with staff. One person liked to play jokes on the staff by pretending they had lost something or were upset. Staff responded appropriately by acknowledging them by name and offering gentle banter and smiles.

A relative told us they were really happy with the care their family member received at Maple Tree. They said, "I am absolutely delighted. Where my [relative] lived before, they were incredibly unhappy. They had lost their sense of humour and now they have it back." Another relative told us, "Put this way, we wouldn't let our [relative] be anywhere else. We are really, really pleased."

Staff spoke fondly and caringly about the people they were supporting. One staff said, "I've never known a place like this. It's fantastic, a lovely place to work. The guys [people] are so well looked after." Another staff said, "It's an excellent service, people's needs are met. There is so much respect for the people who live here. Everyone cares about each other."

Interactions between people and staff showed kindness and compassion. People were supported by staff that sat with them and encouraged them kindly when making decisions or talking about whether they wished to take part in an activity. Staff who were supporting people whilst they ate their meal made sure no one was rushed. Staff took time to listen to people and engaged them in conversation they knew would interest them.

The three directors of the service who were present during our visit were very involved and hands on at the service. They spoke enthusiastically and affectionately about the people they cared for. One person frequently requested to visit one of the directors nearby home to have a drink, biscuits and see their dog, which they were very fond of. The director supported the person to do this every day, even coming in on their days off to facilitate this to take place. All of the directors had gone on holiday with the people who live at Maple Tree for a week. A relative also told us about this trip saying, "My [relative] went on holiday with all of the directors at the home. They came back and shared photos and videos with us. They had an amazing time."

People were involved in making decisions about their care. People were able to choose when to get up and go to bed or what to eat and drink for example. Care plans were personalised and documented people's preferences about the way they wished to be cared for and supported. There was evidence that most plans were reviewed with the people they concerned or their relatives if appropriate. One relative told us, "They talk to us, we are involved and they share information. As we have that kind of relationship I can suggest ideas too."

People's privacy was respected by staff and people were given control over their own personal space. For example, when one of the directors was showing us around the service, they asked people if it was okay for us to look at their bedroom and offered them the opportunity to show us themselves. We observed staff always knocking before entering people's rooms or asking permission to come in if the door was already open. People moved freely between their own bedroom, communal areas and the back garden. We asked staff about how they promoted people's privacy and dignity. One staff member said, "When I am assisting someone with personal care I turn my back until they have covered themselves up. I also knock on their door, I never enter without knocking, it's their personal space." Another staff member told us, "I always close the door when I am helping someone. I always make sure they are covered up."

A relative told us their family member would often choose to spend time alone in their bedroom, however since living at Maple Tree they now liked to spend time with other people. They said while staff respected the person's right to privacy, they encouraged them to spend time with others. The relative told us how this had also impacted on the person's visits to their relative's home, where they now chose to spend time with their family. This demonstrated staff worked to protect people from the risk of social isolation.

Good

Is the service responsive?

Our findings

The service had been open around three years. The directors told us that during this time new people moving into the service had moved in over an extended period of time. They told us this was important as they did not wish to disrupt people who were already living at the service. We saw that assessments were completed prior to people moving in. Relatives told us that the directors and staff communicated with them before their family member moved in and had continued this now they were living at the service.

People had support plans in place that detailed the support they required. The plans were personalised and detailed daily routines. Staff were able to tell us about people they were supporting.. In one person's support plan it made reference to some outdated guidance around restraint. This was not relevant to this person and did not relect their current needs. When we asked staff about this guidance they were all clear that the restraint was never used. The director we spoke to about this recognised that this needed amendment and agreed to do it straight away. This was not reflective of other areas of people's support plans which we found were reviewed regularly. This meant that overall staff had access to up to date information about how people liked to be supported.

The registered manager and staff member were able to demonstrate a good knowledge of people's individual preferences. We saw evidence of different activities held within the service and also external activities people could attend. Some people attended a local day service several days each week. People who did not go to the day service were offered some in house activities such as use of iPad, reading books with staff and going out into the community. One member of staff sat with one person reading a book of the person's choice with them. Another person went out with staff to use their bike. Before going staff asked the person if they wished to go and when they initially said 'yes' and then changed their mind to 'no', staff gave them time to talk about whether they really wanted to go or not. Staff were patient and talked through the options with the person who then decided they did wish to go. Their relative told us, "It's tremendous, they support [relative] to go out on their bike. It's great for exercise and [relative] has even started to lose some weight which is really important to them."

The directors told us about their day out they arranged with people each week and explained that this was one of their opportunities to spend quality time with people away from the administration of the service. Recently people had been supported to go to the zoo, swimming, hire a boat and to a show. One relative told us, "They do wonderful things. [Relative] gets to choose what they want to do. My [relative] goes swimming at a private pool. It's fantastic for them." Another relative told us, "My [relative] used to go horse riding before moving there so they arranged for them to have that opportunity again."

The service had a relaxed feel to it. People went in and out of the director's office freely, sometimes choosing to sit and talk to whoever was working in the office. Another person liked to sit and use one of the director's iPads to download games to play whilst in the office. People were actively seeking out the directors to spend time with them and be in their company.

We observed that staff were responsive to people's needs. We were told about one person who liked to know that their laundry was safe and they were not losing their clothing. Staff we spoke with told us that this was of significant importance to this person and had the potential to cause them considerable distress. We observed throughout our visit that staff communicated regularly with this person about where their laundry was. We were told by this person's relative, "It is so important to [person] that they know where their clothes are. In the past, at another care service, their laundry went missing often. Here they take the time to explain to them what is happening."

We looked at how the directors managed complaints and encouraged feedback. No complaints were documented as being received and the directors confirmed this. We saw however, that there was no accessible information available for people to help them raise a concern if they felt this was necessary. One of the directors told us that the amount of time they spent with people and their knowledge of them would enable to them to know if there was a concern. However they agreed to look at ways to provide information that was accessible to people.

Relatives we spoke to told us that they would know if their family member was unhappy about something. One relative said, "I can always tell if my [relative] is unhappy about something. When they come home for a weekend and we take them back again, they practically run to the door. They can't wait to get back."

Requires Improvement

Is the service well-led?

Our findings

Staff told us they felt well supported by the manager and directors and found them approachable. However we found that formal systems to support staff were not in place. Staff supervisions were not taking place and staff did not receive an appraisal of their performance. There were not systems in place to monitor the training of staff. A training matrix was not in use and the directors could not easily access information about when staff had completed necessary training. We found that some staff had essential training which was out of date. Audits of the medicines systems in place were not being carried out. The directors had therefore not identified the concerns with the medicines that we did.

Despite staff and relatives speaking positively about the registered manager and directors we found that aspects of the service were not always well led. Although there were systems in place to assess and monitor the way the service was run, we found that they had not identified all of the issues that we found during our visit. We asked the directors about whether there was an annual review carried out at the service and whether people's views were sought as a part of this review. We were told us that such a review had not been carried out.

There was a registered manager, who was also a director, in post at the time of our inspection however they were away on holiday. The service was being run on a day to day basis by the other directors of the company. We found the directors to been enthusiastic and passionate about the people who live at the service and the delivery of high quality support to people. They were open to discussions about issues identified during the inspection process. Staff we spoke with told us, "The directors, there is something different about them. They are caring, calm and run this service so well. It really is like home here, it's so calm." Another staff member told us, "It's such a nice place to work. The directors care about the staff as well as the service users."

People were unable to tell us what they thought about the management of the service. Their relatives told us, "It's brilliant. They [directors] take everything so seriously." Another relative told us, "They [directors] ask for my suggestions. They phone me and ask for my ideas with my [relative] and they try it to improve the service they offer." We were also told by a third relative, "They [directors] are marvellous. They are always there; we talk, laugh and share information."

Staff were clearly motivated to do their jobs and enjoyed working at the service. We were told, "The staff team is great. There really are no problems. It's not often you can say that about a team." Staff understood their roles and demonstrated that they knew what was expected of them.

The directors and other members of staff that we spoke with described the service's values in similar terms. Each said that the service promoted people's independence and kept them safe. We saw that these values were applied in communication with the person living at the service and in the delivery of care and support.

We were told by staff that they felt confident to raise any concerns with one of the directors. One member of

staff said, "I can always talk to one of the directors, they are often here." Although no complaints had been received in the last 12 months, there was a complaint audit system in place which the directors told us would be used in the event of a complaint being received. An audit of complaints enables a provider to look at any reoccurring concerns raised and review how they had responded to them.

We saw evidence that learning from some incidents had been used to make changes to people's care. Audits of care records and peoples support plans were being carried out. The registered manager also had the systems in place to audit any accidents and incidents; however they had not used the system as none had occurred.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not protected against the risks associated with a lack of consent, application of the Mental Capacity Act 2005 and associated code of practice. Regulation 11

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way. The management of medicines was not always safe. Regulation 12