

Mr Alan Philp

Maple House

Inspection report

78 Aldborough Road South, Seven Kings, Ilford, IG3
8EX
Tel: 020 8590 7082

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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 

Overall summary

This inspection took place on 07 May 2015 and was unannounced. At our last inspection in April 2014 we found the provider was meeting the regulations we inspected.

Maple House provides personal care and accommodation for up to eight adults with a learning disability.

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.

People who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening.

There were enough staff on duty to meet the needs of people living at the service. People's health and care needs were assessed with them, and they were involved in writing their plans of care.

Summary of findings

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Potential risks were assessed and steps taken to reduce them so that people remained safe and well without being restricted.

People's needs were assessed before they moved into the service and were reviewed on a regular basis. Staff continually monitored people's condition and where necessary sought the assistance of other health and social care professionals.

Staff understood the need to respect people's privacy and dignity and staff interactions with people using the service were sensitive and respectful.

Staff received appropriate professional development. All care workers completed training in a number of key areas to ensure they were competent to do their job. Staff records indicated that they had received Mental Capacity Act (2005) and DoLS training and they demonstrated a good understanding about how to maintain people's safety whilst promoting their independence.

People who used the service, their representatives and staff were asked for their views and they were acted on. The provider welcomed suggestions on how they can develop the services and make improvements. Where shortfalls or concerns were raised these were addressed. The provider took account of complaints and comments to improve the service.

Summary of findings

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. Staff understood their responsibility to safeguard people and the action to take if they were concerned about the person's safety.

Staff regularly assessed potential risks to people's health and welfare both within the service and in the community.

People were supported by enough staff and we saw checks had been carried out on staff before they started to work to make sure they were suitable to work with people using the service.

People's medicines were managed safely and kept securely.

Good



Is the service effective?

The service was effective. Staff working in the service had received training to ensure that they supported people safely and appropriately.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to guide and inform the staff.

People were given choices with regard to their meals so that they could have meals they enjoyed.

The staff worked with other agencies and services which ensured people were supported to receive the healthcare that they needed.

Good



Is the service caring?

The service was caring. People were respected and care and support was delivered in such a way as to maintain their privacy and dignity.

People were listened to and their views respected when planning their care. They were given information to make decisions about their care and support.

Staff demonstrated a good knowledge about the people they were supporting.

Good



Is the service responsive?

The service was responsive. People's care was individualised and reflected their routines, preferences and wishes. People's health and care needs were assessed on a regular basis.

People made decisions and choices about their life and were supported to maintain relationships with friends and relatives.

The provider took account of complaints and comments to improve the service. Informal concerns raised by people were addressed through discussion with staff on a day to day basis.

Good



Is the service well-led?

The service was well led. Staff told us that they worked well as a team and felt supported by the registered manager. They were encouraged to make suggestions about improvements to the service

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

Good



Summary of findings

The provider had quality assurance systems in place to check that the quality of the service people were receiving met their needs and to make improvements where needed.

Maple House

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 checked 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 was an unannounced inspection carried out on 07 May 2015 by one inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and information we had received from other professionals and relatives of people who used the service.

During our inspection we observed how the staff interacted with people and how people were supported. We looked at two care records, including people's risk assessments, staff training records and other records relating to the management of the service, such as staff duty rosters, policies and procedures and risk assessments.

We spoke with one person who used the service and two staff working at the service and the registered manager. After the inspection we contacted and three relatives to obtain their views of the service.

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. One person told us, “Yes I feel safe here.” Relatives we spoke with told us they felt their family members were safe at the service. One relative said, “I do not have any concern about the home and feel it is a safe place.” We saw the service had appropriate policies and systems in place for protecting people from harm or abuse. The safeguarding policy was displayed prominently in the office and on the notice board in the service, which meant that all people using the service, their visitors and staff members could read it at any time. Staff we spoke with knew about the policies and procedures. Staff told us how they would recognise abuse and how they would report it. Staff confirmed they had received safeguarding adults training and this was supported by training records we sampled. It was clear staff understood their own responsibilities to keep people safe from harm or abuse. They had a good understanding of the types of abuse and who they would report any suspicions or concerns to. One staff member told us, “I would raise concerns with the manager or the shift leader.”

The service had a whistleblowing policy and procedure in place in order to protect and support staff to raise issues or concerns they have. Staff we spoke with were aware that they could report any concerns they had to outside agencies such as the police or local authority.

We saw for each person staff had carried out risk assessments to identify risks to their wellbeing and safety. Where risks had been identified, there was an action plan which set out guidance for staff on how these would be managed. For example, each person had a personal emergency evacuation plan in place. Records showed the risks to people were assessed individually on admission and regularly thereafter. Risk assessments had been agreed with the person or their representatives. This helped to keep people safe.

We saw that there were arrangements in place to deal with foreseeable emergencies. We saw that the provider carried out regular fire drills and checked the fire alarm every week. We also noted checks and servicing of equipment were arranged to make sure equipment was in working order for example all the electrical equipment had recently

been tested to ensure they were safe to use. The provider employed a dedicated maintenance worker who carried out day-to-day repairs and these were attended to promptly. On the day of our visit one of the locks in the kitchen became faulty. The staff requested the maintenance worker to attend and they arrived within the hour as they were away from the service. In the event of an emergency, the provider had an agreement with the sister care services that people could be evacuated there for safety.

The registered manager and staff were clear on how to manage accidents and incidents. We saw there was a process in place to review incidents and what action would be taken to minimise the risk of similar incidents happening again.

People, relatives and staff we spoke with commented that they felt the service was sufficiently staffed. One staff member told us, “We have enough staff on duty. The registered manager told us staffing levels were planned according to the needs of people and also extra staff were on duty when people had to go out for appointments or activities. Our observations confirmed that staff were visible and available to people and attended to people’s needs in an unhurried way. The registered manager told us the service was always adequately staffed. We looked at the last month staff duty rotas and saw staffing levels indicated on the record matched the number of staff who were working during our inspection. There were enough staff to ensure the safety of people who lived at the service.

Staff recruitment records showed that the registered manager took seriously their responsibility to ensure that only appropriate applicants for posts were employed. There was a robust recruitment process in place. We looked at two staff files and found they included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained, to ensure staff were suitable to work with people who used the service. A Disclosure and Barring Service (DBS) check is an employer’s check to ensure that prospective staff are not barred from working with people who were vulnerable or have a criminal conviction that would make them unsuitable for their job.

Appropriate arrangements were in place in relation to the obtaining, recording and administration of medicines. Medicines were stored safely and administered correctly.

Is the service safe?

People told us they received their medicine on time. Medicines were administered through monitored dosage systems (MDS). MDS is a medication storage device designed to simplify the administration of medicines. Medicines were placed in separate compartments allowing the person to be given the correct medicine and dose at the correct time. Medication administration records (MAR

charts) reflected that medicines were administered appropriately. Where people had allergies these were highlighted on the MAR charts. We saw staff had completed training in the safe handling of medicines. The registered manager carried out regular audits of the Medicines Administration Record (MAR) and followed up any gaps or discrepancies.

Is the service effective?

Our findings

People said they were well supported by staff in their daily lives. One person told us, “The staff are good.” One relative said, “The staff are very caring and I am very happy with the way they treat my relative.” Another relative said, “I trust the staff, they are very good.” The provider had ensured that all staff received relevant training that was focussed on delivering improved outcomes for people using the service. All staff completed training in a number of key areas to ensure they were competent to do their job. The registered manager told us that staff were able to access training to help them in their roles. We were able to see records of training that staff had attended. Staff told us they were given opportunities for on-going training. One member of staff said the training was “Good”. Training needs were monitored through individual support and development meetings with staff. These were scheduled every four to six weeks. We looked at some of the records and saw staff discussed the support and care they provided to people, reviews of people’s care, health and safety issues and their training needs.

People’s capacity to consent and make decisions had been assessed in line with the Mental Capacity Act 2005. The registered manager and staff understood the principals of the Mental Capacity Act (2005). They were able to explain the importance of protecting people’s rights when making decisions for people who lacked mental capacity. The registered manager had worked closely with the Deprivation of Liberty safeguards (DoLS) team and had made a number of applications to the team where they believed they may be restricting someone of their rights.

This was because it was in the person’s best interest to do so and where the person lacked mental capacity. Staff knew people might have fluctuating capacity to make decisions about aspects of their care or support. They described how they supported people to make decisions and choices.

People were supported to eat and drink sufficient amounts to meet their needs. They were involved in making their own decisions about the food they ate. People were asked each day what they would like for breakfast, lunch and dinner. People told us they enjoyed the food, one person told us, “The food is good.” People’s weights were recorded monthly and their dietary requirements were recorded in their care plans. We observed lunchtime and the atmosphere was relaxed and people were supported to eat and drink sufficient amounts. We saw staff offer assistance to people who required it in a discreet and dignified way. Care records we looked at showed risk assessments relating to nutrition had been put in place and were reviewed regularly for example one person had a risk assessment for choking. Where there were concerns these were passed onto the appropriate health care professional such as the doctor or dietician.

People received assistance to maintain a healthy lifestyle. They were supported to attend health care checks and community health professionals were involved to provide advice and intervention when needed. We reviewed care records which showed that advice was sought and referrals made to other health and social care teams when necessary. We saw people had been seen by the dentist, optician, social workers and GP and care records were kept up to date with the outcome of professional visits.

Is the service caring?

Our findings

People using the service and relatives we spoke with all gave us positive feedback about the care and support provided at the service. Comments we received included, "The staff are very helpful," "I am very happy with the staff and they are very caring." They also told us about the kindness of the staff that cared for their relatives.

We found people were supported by kind and attentive staff. We saw staff treated people with dignity and respect and were supported in an unhurried and sensitive manner. Staff were courteous and people were relaxed and comfortable in their presence. We observed that staff knew people well and spoke with them about the things that were meaningful to them. Staff told us when they helped people with their personal care they ensured the doors and curtains were closed. Staff ensured people were appropriately dressed. Staff had time to deliver personalised care. For example, one staff was supporting a person who needed supervision while eating. Staff encouraged and enabled people to complete tasks for themselves for example encouraging people to shave themselves.

People were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this. People were involved, where able, in decisions about their care which helped them to retain choice and control over how their

care and support was delivered. Where people were unable to express their views and wishes, relatives were involved in the decisions. One relative told us, "They always keep me updated and I have attended review meetings." We saw evidence in people's care records that family members were promptly informed when people became unwell.

People were supported to maintain relationships with their families and friends. Relatives told us that they were always welcomed by staff and visited the service on a regular basis. Some people also visited their relatives at home. A relative said, "The staff are always welcoming when I visit."

Staff were able to describe the communication methods with people who were unable to communicate verbally. They were also aware of each person's support needs including their likes, dislikes and preferences. They understood the things that may upset people, and the things that made people feel happy.

We saw evidence of monitoring and regular evaluations of the support that was provided, together with involvement and liaison with relatives and various health professionals. This ensured that they were kept informed of changes in people's conditions, along with any progress individual people who used the service had made. There was evidence in the care plan files, and through our discussions with staff that people were consulted and involved in all aspects of their care and support. Where people were able to read and sign the plans they had done so.

Is the service responsive?

Our findings

People and their representatives said they were happy with the care and support that were provided by the staff. One relative said, "I am very happy with the way the staff look after (my relative) and they do a wonderful job."

We looked at two care plans and found them to be well organised and reflective of the care and support that people were receiving. The care needs of people were reviewed regularly and their care plans were updated accordingly.

Peoples' needs were assessed and care and support was planned and delivered in line with their individual care plan. Care plans showed that where formal consent had been required the relatives and families of people had been involved in the process. Although some people were not able to fully understand the care and support options available to them their views were taken into account in the way the service was provided and delivered.

We found that people's preferences and likes and dislikes were clearly identified in their care records so staff had the necessary information to care for and support people appropriately. Care plans provided detailed information about each person's care and support needs. The plans covered all areas of each person's health and personal care needs. They gave information on how exactly how each person wanted to be supported with their personal care. For example, a person's care plan provided a step by step guide for staff explaining the person's routine when helping them to have a shower and how they wanted to be supported.

People were offered a variety of activities for them to join in with during the week for example going to the hydro pool and cycling. We found that people were able to attend activities and social engagements of their choice. Each person had a comprehensive pictorial timetable of activities. We noted that people's activity needs were discussed during people and staff meeting. This allowed people the option of considering and being supported to arrange new activities. Records were kept of all the activities that people had taken part in and these were monitored to prevent social isolation. People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. People who used this service were able to make choices with regard to their daily lives such as what they would like to wear or to eat or whether they would like to take part in any activities.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People we spoke with did not raise any concerns to us. Any issues that had been raised by people were dealt with effectively and actions and recommendations were shared with staff to prevent the issue from reoccurring. In the last year the service had received one complaint and this was dealt with to the satisfaction of the complainant. People were encouraged to speak out and raise concerns or complaints through care reviews, house meetings, and through their key workers, families or advocates. People who were unable to communicate verbally were supported to voice opinions through communications appropriate to each person, for example sign language. Staff were confident that if people who lacked capacity were unhappy they would know through their behaviour or mood state.

Is the service well-led?

Our findings

People, relatives and staff felt the service was well run. One relative told us, “The manager is very good and doing a good job.” Relatives told us that they felt communications from the service was good and they were contacted regularly by the registered manager. One relative said “The manager always phone me and keep me inform of everything that I need to know.” Relatives told us that they had trust in the registered manager and if they had any concerns or worries, they knew they would be dealt with and would be kept informed. The registered manager had an open door culture which enabled staff, relatives and people who used the service to freely speak to them. Staff told us that the registered manager was approachable. One staff member said “The manager always makes time to speak to me.”

There was a clear management structure at the service. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. The registered manager worked continuously to improve the quality care and support that people were receiving. The registered manager knew each person well, their likes, personality and dislikes.

The registered manager actively encouraged feedback from people and staff and used this to make improvements to the service. Meetings were held with people and staff on a regular basis where their concerns or comments were noted and acted upon. From the minutes of meeting we

saw there was evidence that people and staff we were able to express their views and were listened to. This helped to ensure that there was an open and transparent culture within the service and meant that the engagement and involvement of people and staff were promoted within the service.

The registered manager had systems to monitor the quality of the service. These included monitoring staff development; maintenance of the premises; health and safety checks including equipment and environmental checks. Health and safety audits were also undertaken to identify any risks or concerns in relation to fire safety.

People who used the service, their representatives other professionals and staff were asked for their views about the service and their views were acted on. One relative had commented, “We have no concerns with (relative) excellent care, (relative) is very happy at Maple House.” We saw that regular surveys had been undertaken to inform the service of any areas of concern and improvement.

The provider had a ‘Mission Statement’ which governed the philosophy of the service. The values included, ‘To provide a safe and supportive relaxed and homely environment for service users’. ‘Always treat service users with respect to offer service user’s choice and to respect decisions made’. ‘For staff to encourage and support service users to take part in activities, to increase individual independents and fulfilment’. Staff were aware of these values and they were also on display in the entrance of the service.