Maple Cottage

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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Maple Cottage is a small Victorian cottage located in the village of Send near Woking. It is a family home and has a domestic atmosphere. The home provided care to one person who had lived as part of the family for many years.

One of the providers is the registered manager. 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 and associated Regulations about how the service is run. Both providers were present for the duration of our visit.

Medicines were managed in a safe way and recording of medicines was completed to show the person had received the medicines they required. The person was able to live as a family member and was able to be as independent as they could be. Foreseeable risks had been identified and managed in a way as to be as least restrictive as possible. The person supported was encouraged to take part in a range of activities which were individualised and meaningful for that person without causing them anxiety.

The providers had followed legal requirements to make sure that any decisions made or restrictions to the person were done in their best interest. The providers were well aware the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

The providers had kept themselves up to date with current practice and had undertaken training to allow them to deliver good care in an effective and competent way. The providers undertook quality assurance audits to ensure the care provided was of a standard the person should expect. Any areas identified as needing improvement were actioned immediately.

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.

Medicines were administered and stored safely.

Risks that had been identified were well managed

The providers knew their responsibilities regarding safeguarding the person in their care andt here was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

The providers undertook training as appropriate which enabled them to deliver effective care.

The providers were knowledgeable regarding the person's rights under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).

Nutrition was managed with regard to the person's needs and they were supported appropriately eat.

The person's health care needs were met and healthcare professionals supported them to remain healthy.

Is the service caring?

Good

The service was caring.

Providers respected the person's privacy and dignity. They were caring and kind when providing support.

The person was encouraged to make day to day decisions to enable them to be as independent as possible.

Is the service responsive?

Good

The service was responsive

The person was able to take part in activities that meant something and interested them.

The providers responded well to the person's changing needs and managed these well.

Is the service well-led?

Good

The service was well-led.

The providers monitored the quality of the service in order to deliver good care for the person living there.

They maintained accurate records in relation to the person's care and operation of the home.

The registered manager submitted notifications as required.

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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 was 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 announced inspection that took place on the 12 December 2016. The inspection was carried out by one inspector. We arranged an appropriate date for our visit to ensure the providers could be present and the date was appropriate for the person who used the service.

Due to the persons special communication needs it was difficult ask them about their experience of the care they received. We observed their interaction with the providers. We spoke with both providers, and looked at a range of records about the persons care.

Good

Is the service safe?

Our findings

The person was safe because the providers knew them well and had identified any possible risks and had coping strategies in place to manage these.

The person was kept safe from the risk of abuse because the providers had a good understanding of safeguarding and worked within the local authorities' safeguarding protocols. They said they would not hesitate to highlight any suspicion of abuse in any form. The providers update their safeguarding training annually.

The person who used the service was safe because they received their medicines as prescribed by their GP in a safe way. Medicines were safely stored in a locked cupboard. They had a medicine profile in place that had been reviewed by health care professionals regularly. The medicine administration record (MAR) chart was well maintained without gaps or errors which meant the person had received their medicines when they needed them.

The person who used the service would continue to receive appropriate care in the event of an emergency. The providers told us this would be managed as and when a situation arose. They said this was tested recently when one of them had been in hospital, and the service functioned as usual.

Good

Is the service effective?

Our findings

The person who used the service received effective care and treatment. This was because their needs had been assessed and the providers had the knowledge and experience to meet these needs. The providers engaged the support of a training organisation to undertake annual refresher training that provided them with the most up to date information to deliver effective care.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments had been carried out and these had been undertaken by an independent assessor.

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). The providers had an in-depth understanding of MCA and DoLS and delivered training in this to other organisations.

There was a nutritional plan in place and they were supported to eat a well-balanced diet to keep them healthy. Their care plan detailed their nutritional needs, and the risks associated with eating and drinking. Meals were prepared in a domestic setting and were eaten together in a family atmosphere or wherever the person chose. The providers knew what they liked and disliked.. The person looked well-nourished and hydrated and accessed snacks and drinks throughout the day.

The person was supported to maintain good health. There was a health action plan in place which recorded the health care professionals involved in their care. They were able to see their GP when they needed to. The providers had made arrangements to ensure that home visits were undertaken to minimise the distress to them if they attended the practice. This meant that the person was able to see practitioners in familiar surroundings which promoted their health and welfare. When people's health needs had changed appropriate referrals were made to specialists for support.

Good

Is the service caring?

Our findings

The person was well cared for by providers in a family environment. The person was confident and was able to move freely around the home. When we arrived we saw them lying on the sofa in their lounge which also was a sensory room. They got up in their own time and welcomed us with a handshake.

They were supported to be involved in their care as much as possible. The providers told us they had had got to know and understand the person over several years and knew what mattered to them and how they liked their care to be undertaken. They said it was a matter of choice and the choice was entirely theirs regarding when they got up, went to bed and how they spent their day.

Their dignity and privacy were respected. We heard the providers addressed them appropriately and called them by their preferred name. When they exhibited behaviour that may challenge they were discreetly directed to a private area in order to respond to this.

The person was not able to communicate verbally so interacted using body language, gestures and facial expressions. The providers said because they had known each other so long they knew exactly what they wanted and were able to predict situations and episode of anxiety even before it occurred to prevent the person from becoming distressed.

Good

Is the service responsive?

Our findings

The person's needs were assessed and they had a needs assessment to ensure their needs could be met. Other health care professionals had been involved in their assessment.

The person had a well written care plan in place. It gave a detailed account of their likes, dislikes, and who was important to them. It also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. Care was provided according to the care plan, which was regularly reviewed and updated appropriately when needs changed. There were also regular visits from the community nurse.

The providers were responsive to the person's needs. For example a lounge/sensory room was provided to enable the person to spend time alone when they felt like it. They also had their own television which they could watch if they did not want to spend their time in the company of the providers.

Activities and how the person spent their recreational time was managed daily. This depended on how the person was feeling and their emotional wellbeing. The providers explained how they adapted activities to suit a given situation and this was the most successful way of caring for the person.

Good

Is the service well-led?

Our findings

The providers created a family environment for the person they cared for and managed the service as their home.

The providers monitored the service in order to deliver quality care for the person living there. They undertook checks of medicine, the care plan, risk assessments, nutritional plan and health plans to ensure they monitored the service the person received. They undertook mandatory utility checks to promote safety and welfare. They maintained accurate records in relation to the person's care and the operation of the home.

The providers sought feedback from other agencies to help them ensure they provided a good service. There were comments from a health care professional congratulating them on 20 years of success, and feedback from another practitioner complimenting them on the service provided.

The registered manager submitted notifications appropriately and as required.