Maple Health UK Limited

Maple Manor

Inspection report

3 Amber Court
Berechurch Hall Road
Colchester
Essex
CO2 9GE

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27 April 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 Manor is a residential care home that provides personal care and support for up to five people who have a learning disability and/or autistic spectrum disorder. On the day of our inspection there were five people living at the service.

The service had a 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 2008 and associated Regulations about how the service is run. The manager is registered for this service and one other service other local, nearby care service.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risks to people's health, welfare and safety had been assessed and guidance provided for staff with recorded action they should take to mitigate these risks.

People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff were provided with training in Safeguarding Adults from abuse. However, policies which guided staff in how to report poor practice had not been reviewed since 2009 and safeguarding people from abuse policy since 2011. These policies contained out of date information and did not provide up to date, relevant guidance in line with local safeguarding protocols and current regulatory requirements.

Staff were provided with training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions about their everyday lives had been assessed and their consent was considered in the planning and provision of their care and support.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including GPs and dentists.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well and treated people with dignity and respect.

People were provided with the opportunity to participate in personalised, meaningful activities according to

their assessed needs, wishes and preferences. People were encouraged to develop as much independence as possible and learn new life skills.

The provider had a system in place to respond to suggestions, concerns and complaints. However, it was not always evident how complaints had been investigated and with the outcome recorded. The service had a number of ways of gathering people's views including; one to one monthly meetings and satisfaction surveys. The provider and registered manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to plan for improvement of the service.

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 consistently safe.

Staff were provided with training in safeguarding adults from abuse. However, whistle-blowing policies which guided staff in how to report poor practice had not been reviewed since 2009 and safeguarding people from abuse since 2011.

People received one to one care and support from staff as commissioned.

Checks were undertaken on staff to reduce the risk of the provider recruiting staff who were unsuitable for the role. However, references had not always been obtained from the most recent employer.

There were systems in place to ensure that staff were trained and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their roles. Newly appointed staff received an induction and training which provided them with the skills and knowledge that they needed to fulfil the role for which they were employed.

There were systems in place to support people to maintain their health and wellbeing. People had balanced nutritious food provided. People were supported to access health care including learning disability specialists.

Staff had a good understanding of their responsibilities under the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind in their approach.

People were listened to and supported to express their individual, choice wishes and preferences in how they lived their daily lives.

People's privacy, dignity, diversity and individuality were maintained.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access the community and follow their interests.

There was a system in place to manage complaints but did not always evidence the outcome of any investigation with actions taken in response.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. Management was visible and open and available to staff and people at the service.

Staff were clear about their roles and responsibilities and were well supported.

There were systems in place to review the service and the quality of care.

Maple Manor

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 comprehensive inspection took place on the 27 April 2017 and was unannounced.

The inspection was carried out by one inspector.

Prior to our inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.
Before the inspection, the provider completed 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.

People using the service had complex needs with limited verbal communication skills which meant that they could readily tell us about their experiences of using the service. During our inspection we observed the care and support provided to people. We spoke with the registered manager, team leader and four care staff. We reviewed two people's care records, two staff recruitment files, assessed the management of people's medicines and reviewed audits and policies.

Following our visit to the service we spoke with two relatives of people who used the service and stakeholders including local authority commissioners.

Requires Improvement

Is the service safe?

Our findings

People's relative's told us that they were assured that their relatives were safe living at the service. One relative said, "We are very happy and feel very lucky. Staff provide good care,. "[Relative] is safe within their care." Another relative said, "You couldn't find a better place for [relative] to live."

Staff were provided with training in Safeguarding Adults from abuse. However, policies which guided staff in how to report poor practice had not been reviewed since 2009 and safeguarding people from abuse policy since 2011. These policies contained out of date information and did not provide staff with up to date, relevant guidance in line with local safeguarding protocols and current regulatory requirements. For example, policies contained inaccurate information, referring staff to Health and Social Care Regulations no longer relevant and incorrect CQC contact information. The policies also failed to provide written guidance for staff as to local safeguarding protocols and the legal responsibility of the provider and staff to refer to safeguarding authorities who have the statutory responsibility to take the lead in any allegations of abuse investigations.

People were safeguarded from the potential risk of harm to their welfare and safety. Risk assessments identified how people could be supported to maintain their independence with guidance for staff in steps they should take to mitigate risks to people's, health, welfare and safety. Risk assessments had been personalised to each individual and covered areas such as the risk of self-harm, access to the community, medicines management and behavioural management strategy plans. There were also risk assessments in relation to environmental risks.

People were cared for in a safe environment. The registered manager ensured there were regular risk assessments completed of the premises and equipment used and there was an emergency contingency plan in place should there be an event that affected the running of the service. Staff received training in emergency first aid treatments and health and safety to ensure they knew what action to take in an emergency.

People were allocated one to one staffing according to their assessed needs and as commissioned. Relative's told us they had observed there to be enough staff on duty whenever they visited and that there was occasional use of agency staff. One relative said, "The staff provide good care but there is quite a high turnover of staff which can present a challenge to maintain communication. For example, not always notifying us of changes to allocated keyworkers." Relatives also told us when they visited it was not always clear which staff were permanently employed and those employed via the agency staff which did not reassure them that there was consistent care provided.

The provider had established and operated recruitment procedures effectively to ensure that staff employed were assessed as safe to work with people who may be vulnerable and had the skills necessary for the work they were employed to perform. Staff recruitment records we reviewed showed us that the provider had carried out a number of checks on staff before they were employed to make sure staff recruited were of good character. This included enhanced disclosure and barring checks (DBS), checking their identification,

health, conduct during previous employment and checks to make sure that they were safe to work with vulnerable adults. However, for one staff file we reviewed the reference was not requested from the most recent employer as required but had been obtained from a worker within the organisation. The reasons for this had not been explored and evidenced. We discussed this with the manager during our visit.

Medicines were managed and administered safely. There was a small amount of medicines prescribed for people. Only trained and competent staff administered medication. We saw from a review of records that the manager and pharmacy provider completed regular audits to check that people's medicines were managed safely. Following recommendations made by the pharmacy provider, action plans had been implemented with timescales for actions to be completed.

Good

Is the service effective?

Our findings

Staff were knowledgeable about each person's needs, wishes and preferences and provided support in line with people's agreed plans of care. This meant the service was effective in meeting their care and support needs.

Staff received training relevant to their roles. Training provided included supporting with autism, positive proactive intervention, epilepsy awareness and core training such as infection control and health and safety including risk management. Newly appointed staff told us they had been provided with induction training. This they told us supported them to grow in confidence and become familiar with people's care and support needs. The majority of staff had been provided with training appropriate for the roles they were employed to perform.

Staff received support through one to one supervision meetings with their line manager, regular staff meetings and annual performance review appraisals. These provided opportunities to monitor staff performance and support planning for staff development and identify training needs. We noted from a review of staff meeting minutes that these were provided on a regular basis and provided opportunities to discuss team working performance issues, planning for improvement of the service and enabled staff to raise any concerns they might have. All of the staff we spoke with told us they enjoyed their work and worked closely as a team. One told us, "I love my job. This is a good place to work. We are like family here." Another told us, "This is better than where I worked before. We are a good team. Well organised."

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover meetings. We saw from a review of handover records that staff had been supported with guidance to enable them to meet people's needs and evidence when tasks had been completed, which also provided an audit trail for management reference.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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The manager completed assessments as appropriate to check people's understanding and capacity to make decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. The manager understood their roles and responsibilities with regard the MCA 2005 and where appropriate had made applications under the act. This assured us people's human rights had been considered and were being safeguarded.

Staff recognised potential restrictions to people's freedom of movement and these were appropriately managed. Staff understood the need to respect people's decisions and actively supported people with limited verbal communication to express their choices wishes and preferences. For example, we observed staff to offer choice in relation to activities and meal choices using communication methods appropriate to the individual.

People were supported to have choice in the planning of menus and encouraged to develop life skills including the preparation of meals and clearing away. We saw throughout the day people were provided with food and drinks. Support plans evidenced where nutritional assessments had been carried out people's weight had been monitored for signs of loss or gains.

People were supported to access healthcare as required. The service had good links with other healthcare professionals and specialists such as, intensive support learning disability nurses, occupational therapists, GPs and dentists. People were supported to attend annual health checks with their GP when required. We saw from observation and a review of records that staff were very observant of people's changing health conditions and sought prompt medical advice for them. One relative told us, "They notify us of any changes when unwell, rashes that have appeared, visits to the dentist and any accidents or incidents."

Good

Is the service caring?

Our findings

Staff had positive relationships with people. Staff were knowledgeable about the people they cared for and spoke with empathy and passion about their work and were respectful towards the people they supported. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level.

Staff knew people well including their preferences for care and their personal histories. Staff told us that they try to support people to maintain their independence as much as possible and develop life skills such as personal care, cooking and housekeeping skills.

Recent surveys of relative's views carried out by the provider included comments such as, 'Staff are very friendly and welcoming and have a very good attitude towards service users' and, 'Staff attitude is professional and caring.'

People's care and support plans included personal profiles which described in good detail; 'What's important to me' and 'Things I want to achieve'. People met with their keyworker each month and their views and opinions were assessed. We noted action plans had been developed from these meetings with actions agreed with timescales.

We saw that people were supported to express their views through a variety of communication tools such as; electronic tablet communication apps, designed to enable people without verbal expression to communicate their needs, wishes and preferences. We also saw that people had access to and communicated with staff using the 'Picture Exchange Communication System' (PECS). This enabled people with little or no verbal communication abilities to communicate using pictures and symbols.

People's privacy, dignity, diversity and individuality were maintained. Staff were respectful of people's cultural and spiritual needs. Where people had expressed preferences to attend a place of worship on a Sunday, staff supported these activities and this activity was clearly recorded on people's weekly activity planners.

The manager told us in their provider information return when asked, 'What do you do to ensure the service you provide is caring? Stated; 'All service users receive an assessment to determine their required needs and ensure that we can meet those needs before a placement and final move into Maple Manor happens. We ensure all staff are trained to meet the specific needs of individual service users and competency assessments including observations take place. Regular equality & diversity, dignity & respect training takes place as part of the Care Certificate, which all staff completed commencing employment. This includes a unit on equality, diversity and Inclusion. We encourage people with help from, family and friends outside of the home to express their views and ensure people are treated with dignity and their views and rights are respected.

Good

Is the service responsive?

Our findings

People were supported to follow their own interests and preferred social activities. Relatives told us that activities were planned according to the needs, wishes and preferences of individuals. Staff supported people to access a wide variety of community based activities and day services including the local college. People attended local weekly social clubs and we observed people supported to access community activities such as meals out and visits to the pub. People were supported to go on an annual holiday and events such as trips to London and to the coast. Each person had a pictorial, weekly activity planner in place which described their preferred activities planned. Holidays were organised as a group activity where everyone went to the same place, we saw that other activities were clearly personalised, meaningful activities to maintain the wellbeing of the individual.

People's support plans were person centred and reflected their needs and where appropriate a pictorial support plan was in place to enable them to understand their plan of care more effectively. Support plans reflected the current care and support needs of people with up to date information about their healthcare, personal care support, likes and dislikes. Relatives told us they were invited to regular care reviews. However, local authority reviews for people with their allocated social worker were infrequent which meant that there was a lack of care monitoring from those who commissioned people's care.

Assessments were undertaken when people first started to use the service and these identified people's needs and preferences. There were care and support plans in place that contained risk assessments and information to guide staff about how people should be supported including whilst out in the community. Support plans focused on the positives and what people could do and addressed areas such as communication, personal care, promoting people's independence and development of life skills. For example, we saw that people were supported to learn to prepare food, cooking and for one person learning to ride a bike.

Where people presented with distressed behaviours which challenged others, behavioural management plans had been produced following advice and guidance from specialists such as health and behavioural teams based at the local hospital and intensive support teams. Support plans contained guidance for staff as to potential triggers as well as pictorial guidance for staff describing how to carry out safe de-escalation techniques if and when behaviour escalated.

Support plans focused on encouraging independence and enabling people to develop where possible. Care plans were all regularly reviewed and were up to date to reflect people's current care and support needs. Daily records were completed by staff and contained information about what people had been supported with, what they done and what they had eaten. There was also a communication book and handovers between shifts which enabled staff to have the up to date information they needed to respond to individuals changing needs and information about the daily running of the service.

The provider had a system in place to respond to suggestions, concerns and complaints. This was freely accessible and in a pictorial format. We saw that one complaint had been received within the last 12

months. It was not evident how this complaint had been investigated or with any outcome recorded. A suggestions box was placed in the entrance hall to the service. Annual surveys to ascertain the views of people and their relatives were carried out. We reviewed the responses from the last survey. The majority of responses were positive. Feedback included; '[relative] has a varied timetable with access to lots of activities', 'Staff are friendly and welcoming', Staff are very good at contacting GP and dentist when needed' and 'we are not always notified of changes of staff and keyworkers.'

Good

Is the service well-led?

Our findings

Staff told us, "The manager is approachable and wants everything done well", "This home is well run, busy but we work well together", "It is a positive atmosphere here, we are a family" and, "The manager's door is always open."

There was effective leadership in place. The manager encouraged and motivated staff to learn and develop new skills and encouraged the sharing of ideas. For example, staff told us they were encouraged to pursue professional qualifications relevant to the social care sector.

Observations of how staff interacted with each other and the management of the service showed us that there was a positive, enabling culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the manager was supportive and approachable should they have any concerns.

Staff morale was positive and staff told us that issues were openly discussed. There were clear communication systems in place such as handover meetings and communication books. The provider had systems in place to support staff and monitor performance such as, supervision, appraisal and staff meetings. Staff told us they were actively encouraged to question practice and make suggestions for improvements and their ideas were listened to. Staff meeting minutes showed us that staff feedback was encouraged.

Staff were passionate about their work. There was a clear staff structure in place and staff were aware of their responsibilities and roles within this. They told us that there were clear arrangements in place in the event of an emergency. Staff performance was monitored as the manager and team leader carried out competency observations of staff practice. Where shortfalls were found, additional training and support was provided.

There were a range of systems in place to ascertain people's views about their experience and identify areas of improvement. An annual review was conducted with questionnaires sent to relatives, staff and one to one monthly meetings with people who used the service. Where people could not verbally express their views communication tools were used such as pictorial prompts to enable people to express their thoughts and feelings. One person used a whiteboard located on the wall in their room and another board which they carried around with them when out where they could record and express how they were feeling. On the day of our visit this person had written they were feeling, 'happy'.

The manager provided us with details of the audits that they carried out to check on the quality and safety of the service. This included medication, health and safety ad support plan audits. Where issues were identified these were actioned. The provider carried out regular visits to the service and produced a brief report of their findings with follow up actions recorded. However, further work was required to ensure the provider's policies and procedural guidance was regularly reviewed and updated to reflect current good practice and regulatory requirements.