

Lothlorien Community Limited

Maple House

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

This inspection took place on 13 July 2017 and was unannounced. The previous inspection was carried out in July 2016 and some concerns around medicines management and records were identified. At this inspection we found that improvements had been made.

Maple House is registered to provide accommodation and personal care for up to six people who have a learning disability and other complex needs. Maple House is situated in a residential area of Folkestone with access to the town centre, leisure centre and public transport. Six people were living at the service at the time of inspection and each had their own personalised bedroom with wash basin. People had access to a lounge, dining room, a kitchen, two bathrooms, toilets and a large garden.

The service had a registered manager, who was also registered manager for the service located next door and who was present throughout the inspection. 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.

Medicines were managed safely and people received their medicines when they should. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and referrals were made when required. People were supported in a safe environment and risks had been identified, and were managed in a way that enabled and encouraged people to live as independent a life as possible.

At this inspection records were in good order and contained current information that was clearly laid out; making them easy to use.

Staff understood how to protect people from the risk of abuse. They had received safeguarding training and were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

A robust system to recruit new staff was in place; this helped to make sure that people were supported by staff that were fit to do so. Throughout the day and night there were sufficient numbers of staff on duty to meet people's assessed needs. When staff first started to work at the service they were supported to complete an induction programme. Staff continued to be supported with ongoing training, support and supervision. Staff meetings took place. These all gave opportunity for staff to share ideas and discuss any issues.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Systems were in place to check if people were at risk of being deprived of their liberty. Systems were in operation to obtain consent from people and to comply with the MCA. People were supported to make decisions and choices about all aspects of their lives.

Staff encouraged people to be involved and feel included in their environment. People were offered activities and participated in social activities when they chose to do so. Staff knew people and their support needs well. The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Staff told us that the service was well led and that they felt very supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager at any time and they would be listened to and suggestions discussed. Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

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.

People were protected from harm and abuse. Assessments had been made to minimise personal and environmental risks to people.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

There was staff on duty to meet peoples' needs. Appropriate checks were made when employing new staff.

Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and support to have the skills and knowledge they needed to be effective in their roles.

Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of gaining consent and giving people choice.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

Staff knew people well, were kind, caring and compassionate and had developed positive relationships with people and their family members.

Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and dignity.

Staff encouraged and supported people to maintain relations with their families.

Is the service responsive?

Good 

The service was responsive.

Care records gave clear guidance and were reflective of people's individual needs.

People took part in a variety of activities and social events.

People and relatives knew how to raise a concern or complaint and felt listened to.

Is the service well-led?

Good 

The service was well-led.

Records were accurate, in good order and stored securely.

Audits and checks were in place. They were effective in identifying shortfalls.

Feedback had been sought from people, relatives and staff and suggestions for improvement were acted on.

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

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 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 13 July 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury. The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document before the inspection. 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. We collected this information throughout the inspection.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included two care files, staffing rotas, two staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with two people who used the service and with two members of staff, the registered manager. After the inspection we received feedback from one relative and one social care professional who had had recent contact with the service.

Is the service safe?

Our findings

People told us they felt safe living at Maple House, one person said, "Yes, I like it here. {staff name} helps me with everything." Relatives told us they felt their loved ones were safe.

At the last inspection we reported that people did not always receive their medicines safely or in line with best practice. At this inspection improvements had been made. Medicines were well managed; All medicines were stored securely in locked cabinets and clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person who needed 'when required' medicines. Regular medicine audits were carried out by the manager or senior staff; we saw clear records of the checks that had taken place. The registered manager completed regular competency checks for all staff responsible for administering medicines. This helped to ensure people received their medicines safely.

People were protected from harm and abuse. The provider had clear policies and procedures in place for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising any signs of abuse and how to report it. Staff had received training on safeguarding people and were clear about the different types of abuse and what signs to look for. Staff knew the correct procedures to follow should they suspect abuse. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected.

Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff understood the importance of keeping people as safe as possible and said they would not delay in reporting any concerns they had.

Potential risks to people had been identified and assessed and clear guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards, whilst avoiding placing restrictions on people. Risk assessments were reviewed so that staff were kept up to date. There were clear systems in place and these were regularly audited.

Thorough recruitment practices were in place and the required checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there was a deputy manager, senior support worker, support workers and the registered manager on duty. Staffing was planned around people's activities and appointments so the staffing levels were adjusted

depending on what people were doing. Overnight there was a sleep night, who was on call should they be required to provide support. The manager worked a variety of shifts throughout the week, this included both office based hours and time working with people on shift. The registered manager made sure that there was the right number of staff on duty to meet people's assessed needs and kept staffing levels under review.

The staff rota showed that there were consistent numbers of staff available to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the days of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the inspection staff were not rushed. Staff felt they usually had enough time to talk with people and that there were enough staff to support people. An on call rota was on display in the office, this ensured there was always a senior member of staff available for the service to contact.

The premises were clean and well maintained, whilst retaining a homely feel. Regular checks were in place to help ensure the safety of people, staff and visitors. Records of maintenance jobs were kept and procedures were in place for reporting repairs that were needed; the provider responded promptly to any repairs or damages. Equipment was properly maintained, serviced and tested to ensure it was in good working order. Health and Safety audits were completed on a monthly basis and were reviewed by management to identify any actions required. Action taken was recorded. These checks enabled people to live in a safe and suitably maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

Is the service effective?

Our findings

People and their relatives told us that staff looked after them well; One person told us, "The staff are good." One relative commented, 'We are pleased to see that many of the staff have received training in autism and feel this is a big step forward. Proper understanding of individuals on the autistic spectrum, such as our son is, is absolutely vital to their wellbeing and personal development.'

When they were new staff had an induction into the service, this involved spending time reading people's care records and policies and procedures. Completing e learning and training, and getting to know the service and people by spending time shadowing experienced colleagues. Along with an induction programme for the service new staff were also supported to complete The Care Certificate; an identified set of competency standards for social care workers to keep to in their daily working life. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were supported to develop their knowledge and skills by completing an ongoing programme of training. The provider also supported and encouraged staff to complete qualifications in health and social care. This helped to ensure staff had the right skills, knowledge and qualifications necessary to give people the right support. Training included face to face training, on-line training and qualifications. A training schedule was maintained by the registered manager on the organisations computer systems. It showed when training had been undertaken and when it was due to be renewed. Staff told us they completed training and that this included training relevant to their roles and the needs of the people they supported, such as, courses about positive behaviour support, proactive interventions, Epilepsy, Autism and Aspergers, and person centred care. Staff also told us that they felt supported by the registered manager to develop into other roles.

Staff were supported to discuss any issues or concerns or development needs through one to one supervisions. The registered manager made sure that they met with all of the staff to be certain they had opportunity for discussions. At times the deputy manager also completed supervisions. Each member of staff had an annual performance appraisal. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that they were all kept up to date with any changes in people's needs. Staff told us that they felt very supported in their roles.

People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean. During the inspection we observed staff providing care and support to people in a way that best met their individual needs. Staff adapted the way they communicated in accordance with the guidance contained within each person's care records. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty

Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. Applications had been made for DoLS authorisations for people who needed them, they had either been authorised or were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. The registered manager kept a tracker sheet to enable them to identify where in the process each application was or when an authorised DoLS was due to expire.

The registered manager had knowledge of the Mental Capacity Act 2005 (MCA). Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. Some people had to make important decisions, for example, about medical treatment. When this happened information about the choices was presented in ways that people could understand and their loved ones were involved to help them decide. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Professionals told us that the service held Best Interest meetings when needed, with next of kin as well as community health professionals.

People's health was monitored and care was provided to meet any changing needs. Each person had a health needs checklist and their health continued to be monitored. Individual health needs checklists and action plans detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. People also had hospital passports, which contained important details about how to support them should they need to go to hospital. People who had specific medical conditions, such as epilepsy, had detailed personal guidance for staff to follow. When necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see.

Where they wished to be, people were involved in planning the menus, buying the food and preparing meals, snacks and drinks. People took part in setting the table and clearing away. Meal times were a social occasion when people came together in the dining room. One person said "I like the food, I choose what I want." People told us there was plenty of food and they could have snacks and drinks when they wanted.

Staff knew about people's favourite foods and drinks, and encouraged healthy eating and exercise. If staff were concerned about people's appetites or changes in eating habits, they sought advice and had worked closely with the local speech and language therapy team. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. There were signs and pictures in some people's rooms to help them remember where things were kept and where they should put their things. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained.

Is the service caring?

Our findings

We asked people and relatives about their experiences of the care given at Maple House. We received positive feedback, a relative commented; "[person] is empowered to visit us and family occasions with adequate support when required which we really appreciate. During a recent family bereavement the staff were exemplary in their support for {person}."

The people that we spoke with and observed during the inspection were clearly happy living at Maple House and enjoyed talking to staff and engaging in activities with them. The atmosphere was very relaxed, warm and homely. Thought had gone into making communal areas inviting and comfortable for people. There was a strong and clear person centred culture, with everything planned around the individual and centred on the person. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. It was clear that staff knew people well, they knew about their backgrounds, their families and their interests.

Staff were attentive; people were given personalised care and were supported in a way that they preferred. Some people had specific needs and routines that were accommodated well by the staff. There was laughter; people and staff were seen to have fun together and shared a laugh and a joke and people looked happy. There was a clear affection in the way staff spoke to people, they observed and listened to what people were expressing and gave reassurances.

Pictures and photos were used to help people to make choices and communicate what they wanted. For example there were picture cards to help people to make choices with drinks, snacks or meals. A picture menu was displayed to help people remember what was on the menu for each day. People responded well to staff and looked relaxed and comfortable in their presence, we saw staff interacting with people in a way that demonstrated they understood their individual needs.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families, relatives and friends. Relatives told us they were always made welcome and felt that the registered manager and their team did what they could to support people with family contact.

People who needed it were given support with personal care by staff who were kind, respectful and

protected their dignity. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. When people attended health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs. People's information was kept securely and staff were aware of the need for confidentiality.

People were supported and encouraged to be as independent as possible; one person had been supported over an extended period of time to reach their goal of moving into supported living nearer to their family. We saw records of the steps that had been taken, and the upcoming plans to continue to support the person with this goal. The registered manager explained that they were identifying ways in which they could support all of the people living at Maple House to develop and grow their independence.

Is the service responsive?

Our findings

There was a visible person centred approach by staff who were responsive to people's individual needs. People were relaxed in the company of each other and staff. Most people had lived at the service for a number of years. Prior to moving in, they and their families had been asked about their needs, choices and preferences and were involved in putting together their plan of care. This helped to make sure that people's needs were properly met in a way that suited them best.

Staff knew the people that they were supporting well. One relative commented, "The staff do know {person} well especially those that have been at Maple House for many years. For the newer staff who have been trained in autistic behaviours, they have used their training to good effect in meeting {person's} needs."

People's care plans were person centred and contained specific, detailed guidance for staff to follow, meaning they would be able to support each person in the way they preferred. There were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Information about people's wishes and preferences was recorded and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Challenging behaviour care plans detailed what people may do, why they do it, warning signs and triggers and how best to support them. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff. Some people had planning and review files, these contained detailed information about the individual, including their five year aspirations, pros and cons of their goal and an action plan. For example, these could be used to support a person to move into more independent living environment.

Feedback was obtained from people in a variety of ways. Monthly 'Your Voice' meetings' gave people an opportunity to raise any issues or concerns in a group. People also received feedback from actions taken at these meetings, 'you said, we did', formed a part of the feedback. For example, people had asked for a bigger TV and stereo, as a result a bigger TV and stereo was purchased. Individual keyworker meetings also took place and gave people an opportunity to discuss anything they wanted to with their keyworker. Any concerns raised were taken seriously, recorded and acted on to make sure people were happy with the quality of service they received. During these meetings people were able to discuss and comment on the day to day running of the service. Minutes also showed that discussions around day trips, activities and events also took place.

People were supported by staff to take part in activities that they chose, both within the service and in the community. Individual activity timetables were in place but were flexible to each person. Some people had pictorial displays on their bedroom walls to help them to remember what they would be doing. Activities included gardening, discos, swimming, local walks, social clubs and football. Some people attended organised day services or college on set days. As well as trips out bowling and to local seaside towns. People were supported to go on shopping trips and lunches out in the services' vehicle. Activity charts were on a

large display in the dining room, along with pictures and photos of activities people had taken part in.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection. A number of compliments had been received in the form of thank you cards and emails

Is the service well-led?

Our findings

It was clear that the registered manager and staff worked hard to provide a personalised service. People told us that staff listened to them and relatives felt that the service was well-led. One relative commented, "We have seen a marked improvement in care since the current manager took up their position."

At the last inspection records were not always maintained adequately. At this inspection we found that improvements had been made and records were all in good order. Meaning that staff could easily access the most up to date information or guidance that they needed.

The service had a registered manager who was supported by a deputy manager, senior support workers and support workers. They had worked at the service for some time, previously in a different role. It was clear that they were committed to continually strive to improve the outcomes for people. Throughout the inspection it was evident that the registered manager was passionate about providing a well led service to the people living at Maple House. Time and thought went into planning suitable activities, ensuring that that each person received care and support that fully met their needs. The registered manager demonstrated a clear knowledge and understanding of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection; each had delegated responsibility for health and safety, daily allocated jobs and completing training.

Staff were kept informed about people's changing needs and about any other issues through staff handovers and team meetings. There was a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people.

The registered manager had good oversight and direction of the service; they said they felt well supported by the senior management team. The registered provider had recently made changes to the structure of the senior management team. The registered manager told us they felt well supported during and following the restructure, they felt that the new structure had made senior managers more accessible.

A range of audits and quality assurance systems were in place. The registered manager audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Systems were in place for quality monitoring checks, which were completed by the quality and regional managers. Detailed reports were produced following each visit with an action plan for the registered manager; this was reviewed at the next visit.

Feedback was sought in the form of quality assurance surveys from relatives and health care professionals, both gave positive feedback. Responses from a recent survey had been analysed and collated and showed

the positive feedback received. Staff also had the opportunity to take part in a survey, their responses were mostly positive.

The visions and values of the organisation were putting people first, being a family, acting with integrity, being positive and striving for excellence, the registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so. Services are required to prominently display their CQC performance rating. The registered manager had displayed the rating in the entrance hall.