

Maples Community Care Limited

The Park House

Inspection report

The Dower House
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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

About the service

The Park House is a residential care home providing personal and nursing care to eight people and at the time of the inspection. The service can support up to 12 people. The Park House provides a residential step-down service for males previously in mental health hospitals. The aim is for people to move on to more independent living in the community following their stay at The Park House.

People's experience of using this service and what we found

People were positive about the care and support they received and appreciated the calm atmosphere at the service.

People were safeguarded from the risks of abuse and from risks from receiving care and support. People were supported by sufficient numbers of staff.

We found the environment of the care home was clean, had been well maintained and was adapted for its purpose. We were assured the service was following safe infection prevention and control procedures to keep people safe.

Recognised therapeutic techniques were used to support people to recovery and greater independence.

Staff received support and training to develop knowledge and skills for their role.

Within the structures and boundaries of therapeutic care, people were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in the planning and review of their care and support.

There were arrangements in place for people and their representatives to raise concerns about the service.

Quality monitoring systems were in operation to ensure a consistent service was delivered in line with the provider's objectives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 13 August 2020 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Park House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care and support provided. We spoke with seven members of staff including the registered manager, a human resources business partner, the clinical lead, a registered nurse, the activities coordinator, an agency staff member and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. People told us they felt safe living at The Park House.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments had been completed for risks associated with the care and support provided. Staff and management had a good knowledge of how to manage risks associated with each person. The registered manager described good communication with commissioners of services when risks to people increased, and a joint risk management approach was needed.
- People were protected from risks associated with the care home environment such as legionella, fire and gas and electrical systems, through regular checks and management of identified risks. Staff had received training including Health and safety, fire safety and Legionnaires disease. Senior staff attended regular meetings to review health and safety at the care home.
- A ligature risk assessment had been completed for the service including both the internal and external environment of the care home. To ensure care could be provided safely, Admission criteria excluded people with a history of certain types of self-injurious behaviour. Specific training using scenarios relating to self-injury were provided to staff. They described the procedures to follow and were equipped both practically with the means to deal with self-injury and with suitable knowledge, skills and guidance.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had individualised emergency evacuation plans.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the days of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs. The registered manager explained how staffing hours were calculated. Nursing input into the service was under review in terms of the hours covered by registered nurses over a 24-hour period. Agency staff had regular shifts to ensure people received consistent support.
- The provider had completed pre-employment checks to protect people against the employment of unsuitable staff. Information had not always been obtained where staff had previously worked in positions providing care and support. We raised this with the provider who immediately put in place an action plan to obtain this information and ensure this practice would be followed with future applicants.
- Appropriate pre-employment checks had been carried out on the registration status of nurses to ensure they remained fit to practice.

Using medicines safely

- Following some issues with the previous medicines management system, the provider had introduced a new system starting the week of our inspection visit. To ensure the safe handling of medicines, the management of people's medicines was subject to regular audit including an observation of staff practice.
- Medicines were stored securely, with checks in place to ensure they were stored at the correct temperature. Records of medicine administration were completed in line with expectations.
- People's medicines were administered by registered nurses. Individual protocols for people prescribed medicines on an 'as required' basis were under development following consultation with a pharmacist and a GP. Following assessments, some people were administering their medicines with staff support.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The service had not yet received a food hygiene inspection from the local authority.

Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. Analysis of incidents regarding one person resulted in increased psychology support being provided. Every incident resulted in a review of the relevant risk assessment, which was discussed at shift handover, so staff were aware of any changes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed, which included their involvement and any relevant professionals. The compatibility with people already using the service was an important assessment consideration for people living together.
- A variety of recognised therapeutic techniques, such as Cognitive Behavioural Therapy were used as part of the therapeutic programme for people using the service.
- People recovering from substance misuse issues followed addiction recovery care plans and were provided with appropriate support by attending group sessions at The Park House and in the community.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role.
- Staff had completed relevant training such as, emergency first aid, mental health and fire safety.
- Staff had regular individual meetings called supervision sessions with senior staff. These were to identify any development needs and support they might require. To further support their therapeutic work with people, staff attended weekly group meetings facilitated by a psychologist.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by a chef to maintain a balanced diet beneficial to their needs. Menus were chosen by people on a weekly basis.
- A dedicated training kitchen was available for people to develop their cooking skills. We saw how staff supported a person to bake a cake during our visit.

Adapting service, design, decoration to meet people's needs

- People's individual rooms were personalised in response to their choices.
- Space was available for therapy sessions to be held in private. The garden provided an area for activities and exercise and served as a quiet, reflective space.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's therapeutic care was overseen by a multi-disciplinary team which included a registered nurse, a psychologist and an occupational therapist. The registered nurse ran a monthly health clinic to support people to maintain their physical health.
- People had care plans for their physical health and wellbeing. Hospital passports had also been created to

provide hospital staff with important information about a person if they attended hospital, such as allergies.

- People were supported to maintain their health; they were registered with a local GP and a dentist.

Records showed where people had attended appointments and received treatment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection there were no people using the service that had been deemed as not having mental capacity to make decisions about their care and support. In addition, no people had been assessed as requiring an application for a DoLS. Staff had received training in the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw how staff were respectful towards people using the service, checking with them before we viewed their individual rooms and responding to their preferences. One person described staff as, "very understanding, measured and calm."
- Staff had received training in equality and diversity to enable them to support people as individuals. One person had been provided with a diet for their religious and cultural needs.
- Different cultures and nationalities were celebrated through events to promote positive attitudes to diverse cultures.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about the care and support they received. People's support plans were created and reviewed with their involvement.
- People were regularly consulted to gain their views about the service. The Provider information return (PIR) stated, "We hold a monthly community meeting with staff and service users whereby we seek their feedback and views on the environment, therapeutic timetable and activities, menus', compatibility, concerns, service improvement ideas."
- Staff respected people's views about the type of support they received. One person did not wish to engage in psychology sessions and this was respected with alternatives organised.

Respecting and promoting people's privacy, dignity and independence

- Management and staff demonstrated an awareness of promoting and respecting privacy and dignity. People told us some agency staff had not always knocked on their doors before entering their rooms. The registered manager was aware of this and had taken steps to address the issue.
- People were able to develop their independence, such as shopping, preparing some of their meals and using public transport to travel to voluntary work. People's achievements in developing skills towards independence were recognised through awarding certificates such as for kitchen skills and computer skills.
- People were able to take responsibility for their own safety through training in food safety and fire prevention.
- Where appropriate the service facilitated people to have contact with relatives. Space was available for visits from relatives to take place in private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were personalised, written with their input and from their perspective. They included goals and aspirations. People worked towards achieving goals as part of their plan for increased independence to move on from the service.
- People told us how they had been involved in planning their support. One person was positive about the non-judgemental approach adopted by staff and management.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed before they moved into the service.
- At the time of our inspection visit there were no people using the service identified as having communication needs. However, the service was aware of the Accessible Information Standard and would make appropriate adjustments in response to any identified need.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate people were supported to maintain existing relationships.
- People were supported to take part in activities such as cooking, gardening and information technology skills. The activities coordinator explained how activities were organised in response to the wishes of people using the service. Plans were in place to develop a gym and establish greater contact with local community groups to enable people to take up more volunteering roles.

Improving care quality in response to complaints or concerns

- A system was in place to manage complaints with information available to people using the service on how to complain.
- Since the service opened there had been no complaints received from people using the service or their representatives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a clear vision for people to receive therapeutic care and support. This included the statement "to promote and maximise independence, health, wellness, and social recovery through the utilisation of bespoke care planning and risk management strategies enabling service users to achieve recovery, wellbeing, and independence making a positive difference to their present and future lives." Throughout our inspection we found people were cared for in accordance with the provider's values and objectives.
- People told us how they appreciated the calm, quiet and relaxed atmosphere of The Park House.
- People told us the registered manager was accessible and available when they needed.
- The service had achieved good relations with immediate neighbours and with the local community. Links had been made with local police who had visited the service to provide educational sessions.
- The service had established good working relationships with local authorities funding placements at the service. Additional support had been provided to support placements when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, completing and forwarding all required notifications to support our ongoing monitoring of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Continuous learning and improving care

- Regular audits were in place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service. These included audits of compliments and complaints, health and safety, communication and nutrition and hydration.
- Six monthly governance meetings provided an opportunity for senior staff to review the quality of the service provided. Following the most recent meeting in June 2021, action plans were put in place to ensure care plans and risk assessments were regularly reviewed.

- The provider described plans for the further development of the service including an outdoor gym and the provision of additional psychology support.