

Optimum Support Ltd

Maple House

Inspection report

27 Shirehall Lane
London
NW4 2PT

Tel: 07817869025

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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

Maple House is a residential care home registered to provide accommodation and personal care for up to four people in one adapted building. There were four people using the service at the time of this inspection. The service specialised in the care and support of people with mental health conditions.

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

People spoke positively about the service. Systems and processes were in place to ensure staff provided people with safe care and treatment. People's risks were identified and assessed as and when needed, and staff were provided with clear guidance. People received their medicines on time and safely. The service recruited staff in line with good practice and ensured they were given the right support so that they could form good working relationships with people.

Staff were given appropriate training to perform their roles effectively and to meet people's needs. People had the choice to choose what they wanted to eat. Staff supported people to take part in several activities, including integrating in the community. People were listened to and had their needs reviewed by the staff team on an ongoing basis. Staff assisted people to live a healthy lifestyle and accompanied them to their routine health appointments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Maple House involved people in making decisions about their own care. We observed staff treating people kindly and catered to their needs in a person-centred way. We saw positive interactions between people and staff. Staff encouraged people to be more independent by doing various tasks for themselves, such as food preparation. Systems were in place to promote effective communication in the home and to manage complaints efficiently.

The registered manager carried out regular quality checks to ensure people received good care. There was an open and inclusive culture within the home where people and staff felt comfortable to share their views. Staff worked in partnership with other healthcare agencies to improve and maintain people's quality of life.

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

Rating at last inspection

This service was registered with us on 15/04/2020 and this is the first inspection.

Why we inspected

This was a planned inspection in accordance with our monitoring approach.

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 regulatory approach. 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Maple 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

The inspection was carried out by one inspector.

Service and service type

Maple 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 was also registered as a domiciliary care agency to provide personal care to people living in their own houses and flats. However, this type of service was not being provided at the time of the 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 the inspection

We reviewed information we held about the service and sought feedback from the local authority. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care they received. We spoke with four members of staff including the registered manager, assistant manager, team leader and support worker. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence we found. We looked at further information such as quality assurance records, training data and communication records between the service and different agencies. We sought feedback from two professionals who worked closely with the service.

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

- The service had systems and processes in place to safeguard people from abuse. The registered manager understood their responsibilities to promote a safe environment and report concerns to relevant authorities.
- Policies and procedures were in place and accessible to staff. Staff knew how to recognise, respond to and report incidents of abuse. Staff said they had no concerns about the safety of the people living there. A member of staff told us, "I would report concerns to CQC if I need to. We have a whistleblowing policy."
- One person told us, "I feel safe here. I get on well with the others [people living there]."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service identified and managed risks associated with people's care, behaviour and environment to keep them safe.
- People's risk assessments were tailored to their needs and provided clear guidance to staff on how to support them safely and in the least restrictive ways. We saw risks associated with people's mental health, smoking habits, challenging behaviour, access to community and emergencies such as fire being assessed and reviewed regularly.
- The home carried out safety checks on the environment. These included checks on electric, gas, water and fire safety. People had personal emergency evacuation plans in place which outlined the support they required from staff to be able to reach a place of safety in the event of an emergency. Records showed people took part in fire drills.
- Staff understood how to report accidents and incidents and these were clearly documented. The registered manager ensured accidents and incidents were discussed with the staff team in meetings and reviews, and outcomes reported to relevant agencies. The registered manager updated people's care plans and risks assessments to include actions taken following any learning from accidents and incidents.
- The service had implemented safety measures in the form of increased supervision and dedicated smoking times following an incident between two people. This meant people were still able to engage in their preferred activities while keeping safe. The registered manager told us, "We understand people's individual needs and their triggers."

Staffing and recruitment

- The home carried out required checks to ensure only the staff who had been assessed as safe to work with vulnerable adults were recruited. These included staff interviews, identity checks, conduct in previous employments and criminal record checks.
- However, we found an instance where gaps in employment history for a member of staff had not been

explored. We raised this with the registered manager who explained they had a verbal discussion about this with the staff and told us they would ensure this is reflected on their paperwork.

- The registered manager spoke to us about how they ensured the home was covered with adequate staffing levels which was based on people's needs. They told us, "Staffing levels are increased when people are unsettled or have appointments." We asked a member of staff how they felt about the staffing arrangements at night and they said, "One sleep-in staff is completely adequate for this service. This was previously turned into a waking night when a person wasn't well."

Using medicines safely

- The service ensured people received their medicines safely and as prescribed. Policies and procedures supported this.
- Each person had a personalised medication care plan which outlined their medical conditions along with what medicines they took and possible side effects.
- The home stored medicines securely and Medicines Administration Records (MAR) were clear. We found two gaps on the MAR where staff signatures were missing which staff quickly identified and rectified during the handover audits.
- Where people received medicines as and when required, protocols were in place to guide staff on how and when to administer these medicines. This included medicines such as painkillers and medicines to treat anxiety.
- Staff received appropriate training and had their competency assessed by the registered manager before they were able to administer medicines.
- One person told us, "I take my medication twice a day, morning and evening, and I get help [from staff] with this."

Preventing and controlling infection

- The service had policies and procedures in place to prevent and control infection. We saw communal areas being disinfected and cleaned by staff. Staff said they had constant access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons. They encouraged people to wear face masks in shops and taxis.
- Staff and people using the service had regular access to COVID-19 testing as per government guidelines. The registered manager carried out COVID-19 risk assessments for people to ensure they receive safe care and provided the team with appropriate training.
- The home had safety measures in place to protect visitors from spreading infections including, temperature checks, provision of PPE, hand sanitising and rapid testing.

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.

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

- Although the home was bright and spacious, it lacked a homely feel and parts of it were unmaintained. The living room was poorly decorated, its furniture worn out and the laundry room was unfinished.
- We raised this with the registered manager and they explained that since the service started to operate in the peak of the COVID-19 pandemic, their utmost priority was to keep people safe and ensure smooth transitions.
- The registered manager understood the work needed around the home and explained how they intended to achieve it by involving people using the service. They shared a home improvement plan which outlined how people have chosen wall colours and decorative pictures. The plan also included purchase of new furniture and imminent dates by when each work would be completed.

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

- The service completed an initial assessment of people's needs before they moved into the home. This enabled the team to determine the best possible ways to support people in areas such as personal care, emotional and physical health, finance, activities and maintaining a safe environment.
- The service worked with professionals and the individuals themselves to produce person-centred care plans in which people's needs were clearly explained. The registered manager and the team reviewed people's needs on a regular basis and updated their care plans accordingly.
- The registered manager spoke to us about how people were involved in discussions about their care. They gave us an example of how they supported an individual, who came to their review meeting with their own agenda, to achieve their goals.

Staff support: induction, training, skills and experience

- Newly recruited staff went through an induction programme covering matters such as health and safety, emergencies, policies, people's needs, food preparation, medicines and petty cash management, led by the registered manager. They also worked under the supervision of experienced staff before they were able to work unsupervised. The registered manager said, "Staff cannot be lone workers unless I am confident about their experience, knowledge and competency."
- The service ensured staff were supported via regular supervisions and appraisals. Staff confirmed this and we saw records of one-to-one sessions on their files.
- The service had systems in place to ensure staff were competent, knowledgeable and carried out their roles effectively. Staff received regular training courses specific to the needs of the people they support. For example, staff received training on diabetes which meant they were equipped with the right knowledge to support people with this condition.

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

- The home supported people to maintain a healthy lifestyle by providing a variety of food choices. People's food preferences were listed in their care plans.
- Whilst there was a diverse menu in place, people were able to choose alternative meals if they did not like what was on the menu. We heard a member of staff asking a person what they would like for breakfast. The person replied, "What have you got?" The member of staff then presented the person with a selection of meals from which they were able to choose.
- One person who was at risk of malnourishment had information in their care plan which enabled staff to know how to support this person with their diet and encourage healthy eating. Staff monitored their dietary intake and offered snacks in between meals to help them maintain a healthy weight.
- Staff involved people in cooking sessions and these were included in their support plans. We saw an individual helping in the kitchen to make dinner. People also had the opportunity to go out and buy their own food with support from staff.

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

- Staff supported people routinely to access a range of healthcare services. We saw records of correspondence and visits to various healthcare professionals, including GP, optician, psychiatrist and podiatrist.
- Each person had a health action plan in place which contained specific information regarding their health conditions and the support they required from staff to live healthy lives. Staff encouraged people to go out for walks and we saw records of how staff supported an individual with exercises as recommended by a health professional, following a medical intervention.
- The team discussed any changes with people's health in meetings and handovers, and updated their care plans with appropriate guidance.

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). Where people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- The service was compliant with the MCA. The manager carried out mental capacity assessments for people where capacity was lacking which were reviewed regularly and documented in their care plans.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Care staff received regular training in MCA and DoLS, and demonstrated knowledge around people's mental capacity and how to support them to make decisions about their care. One staff told us, "You always assume people have capacity unless they have been assessed otherwise and you always act in their best

interest."

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

- The home supported people in a fair and open manner. People spoke positively of the staff team. One person told us, "Staff are very good, couldn't be better."
- Staff respected people's differences and supported them according to their individual needs. We witnessed positive and pleasant interactions in the form of jokes and laughter between people using the service and staff. Staff have built strong working relationships with people, understood their individual needs and knew how to de-escalate intense situations when they became anxious or agitated.
- Staff received training in equality and diversity, and supported individuals to achieve things they wanted to achieve irrespective of their disabilities. Staff supported people to attend church and go to the temple. The registered manager spoke to us about a meeting they had where people discussed how they wanted to spend Christmas this year and what they wanted to eat on that day. Records confirmed this.
- The registered manager told us how the team enabled people to enjoy life as much as they can. Staff supported a person to go on holiday to a coastal town which had a positive impact on their mental health. A member of staff told us they were now planning the next holiday with this person.

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

- The service had systems and processes in place to gather people's views and support them to make their own decisions. Staff encouraged people to discuss issues such as safety, living skills, money, activities, mental health and food. We saw records where staff supported people to write down what was important to them, how they felt about the care provided and how they would like improvements to be made.
- People had the opportunity to participate in regular residents' meetings and one-to-one sessions with staff during which they were able to discuss their care.
- The service supported people to have access to advocacy services. Notes of correspondence between an independent advocate and the registered manager confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke to us about how they preserved and promoted people's privacy and dignity. A member of staff told us, "We encourage people to respect each other." Another member of staff explained how they treated people with care and said, "I do not belittle them [people]."
- Staff asked people for their permission before going into their rooms. We saw a person locking their door when leaving their room and keeping the key in their pocket.
- Staff encouraged people to do things for themselves as much as they can. A member of staff told us, "We encourage people to do little daily bits for themselves, like bringing their laundry baskets downstairs. We praise them [people] when they do things for themselves." We saw a person washing the dishes after they

had eaten their lunch.

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

- The team endeavoured to meet each person's wishes and has identified positive ways of informing them when certain things cannot be achieved.
- Care plans were person centred and included what care people needed and how staff could best meet their individual needs. A member of staff told us, "Care is tailored to people's needs, likes and dislikes. What people like to do and are comfortable with. We look at their wishes, aspirations and dreams."
- Each person had a 'what is important to me' section in their care plan. It contained personalised information such as their likes and dislikes, routine, favourite foods and health. This gave staff an overview of who people were at a glance. Comprehensive details about people's needs and attributes were documented in their full care plan.
- The registered manager ensured people's care plans were reviewed and updated every six months or as their needs changed.

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.

- Care plans contained specific information on people's communication needs. This meant staff were able to communicate with people effectively and in their preferred ways.
- A person whom English was not their first language and only knew a few words, had documents such as complaints and evacuation procedures, menus and weekly schedule translated into their native language which they understood. We saw staff interacting with them by using simple words and gestures, as instructed in their care plan.

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

- Staff supported people to take part in a range of indoor and outdoor activities. People had regular access to the community where staff accompanied them to places such as shops, banks and restaurants. The service maintained a log of activities which people engaged in.
- People's care plans contained detailed information on promoting relationships. Staff supported people to go out in the community and meet other people. A person who had made an acquaintance outside the home was assisted by staff to have regular contact with that person.
- Staff told us people had enough to do despite the restrictions brought by COVID-19. A member of staff

said, "They [people] all go out. I'd like to do more with them [people] but it's been hard because of COVID-19. Things are better now"

Improving care quality in response to complaints or concerns

- People knew how to and were supported by staff to complain if they were not happy about something.
- The registered manager talked us through the process of how complaints were received, investigated and outcomes communicated to complainants in a timely manner. Policies and procedures were in place to support this.
- Whilst the registered manager told us they had not received any formal complaints, we reviewed the complaints log in which complaints from people using the service were clearly documented and showed how they were resolved. Feedback from complainants were also recorded in the log.

End of life care and support

- At the time of inspection, the home was not supporting anyone at the end of their lives.
- The registered manager has had discussions with people around their last wishes during one-to-one meetings and reviews. They also told us staff were prepared to have this kind of discussions with people.

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

- The staff team created an open and fair culture where people were comfortable to initiate conversations and express their feelings.
- People received care from a consistent staff team who understood their individual needs and knew how to respond when those needs changed. We observed people and staff interacting in a friendly and caring way.
- People knew who the registered manager was and staff spoke to us of how supportive they were. One person said, "[Registered manager] is a very nice man. It is a very nice place." A member of staff told us, "It's lovely here. [Registered manager] is a very good manager. He motivates and elevates you."

Working in partnership with others; 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 service worked in partnership with a range of health and social care professionals from different agencies. The registered manager updated relevant professionals of changes in people's care and knew how to seek support and guidance. We saw evidence of this in people's records.
- A professional who worked closely with Maple House spoke to us about their positive experience of working with the service. They told us staff were very supportive and would routinely update them on matters such as people's care, health appointments and COVID-19.
- The registered manager and staff understood their responsibilities of being transparent with people when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home management structure was clear and staff we spoke with were aware of how to report concerns. There was an on-call system which meant staff had the possibility to request extra support or guidance whenever they needed to. The registered manager told us, "The shift leader is experienced to lead the shift. They have been trained, assessed and are able to manage emergencies."
- The service had robust quality assurance systems in place. The registered manager carried out regular audits around health and safety, infection control, medicines and people's finances. Staff also carried out daily checks during handover which covered issues such as people's daily notes, medicines and petty cash.
- The manager understood their responsibilities to notify CQC of reportable incidents or concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care

- Staff supported people to give their views on the service in the form of an annual 'Quality Evaluation Survey' which covered areas such as management, food, support and premises. We found this in one of the survey's summary points, 'We also need to increase house activities e.g. card games, movie days with entertainment, provision of a computer lounge etc. We should seek suggestions from the service users' groups and ask for feedback from their future meetings.' We saw how the team analysed the feedback and produced action plans.
- Where appropriate, the service supported people to remain in contact with families and friends.
- The service ensured to maintain a close working relationship with, and gather feedback, from professionals regularly. Records confirmed this.
- The service held regular team meetings in which any learning points were discussed. Staff told us they felt supported by the registered manager. One staff said, "We have monthly staff meetings. I am able to share concerns and feel listened to."