Maple Health UK Limited

Maple Manor

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

Overall summary

Maple Manor provides support and care for up to five people living with learning disabilities and autism. There were four people living in the service when we inspected on 31 March 2015.

There was a registered manager in post. 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.

People received care that was personalised to them and met their needs and wishes. The atmosphere in the service was friendly and welcoming.

Appropriate recruitment checks on staff were carried out with sufficient numbers employed. Staff had the

Summary of findings

knowledge and skills to meet people's needs. People were safe and treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Staff listened to people and acted on what they said. Staff knew how to recognise and respond to abuse correctly. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff understood how to minimise risks and provide people with safe care. Care and support was individual and based on the assessed needs of each person. Appropriate arrangements were in place to provide people with their medicines safely.

Staff supported people to be independent and to meet their individual needs and aspirations. People were encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

People were supported by the manager and staff to make decisions about how they led their lives and wanted to be supported. People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

People voiced their opinions and had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. People knew how to make a complaint and any concerns were acted on promptly and appropriately.

People were provided with a variety of meals and supported to eat and drink sufficiently. People enjoyed the food and were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities. The manager and provider planned, assessed and monitored the quality of care consistently. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

Summary of findings

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.

Appropriate recruitment checks on staff were carried out with sufficient numbers employed to meet people's identified needs. Staff knew how to recognise and respond to abuse correctly and had a clear understanding of procedures for safeguarding adults.

People were protected from avoidable risk as there were effective systems to identify, manage and monitor risk as part of the support and care planning processes.

Systems were in place to provide people with their medicines safely.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's individual needs. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

Staff were compassionate, attentive and caring in their interactions with people.

People's independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved.

Good

Is the service responsive?
The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

There was an open and transparent culture at the service.

Good

Summary of findings

Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

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 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 unannounced inspection took place 31 March 2015 and was carried out by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with three people who used the service, three members of staff and the registered manager.

People were able to communicate with us in different ways. Where people could not communicate verbally we used observations, spoke with staff, reviewed two people's care records and other information for example their risk assessments and medication records to help us assess how their care needs were being met.

We looked at records relating to the management of the service including d training and systems in place for assessing and monitoring the quality of the service. We looked at three staff recruitment files. We also spoke with two health and social care professionals about their views of the care provided.

Good

Is the service safe?

Our findings

People had complex needs, which meant they could not always readily tell us about their experiences. We asked three people if they felt safe living in the service. They communicated with us in different ways. Two people responded by nodding and smiling. Another person answered by pressing, "Yes" on their hand held computer tablet.

People were safe because systems were in place to reduce the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse. They had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. This included reporting to the appropriate professionals who were responsible for investigating concerns of abuse.

Appropriate checks of people's finances were completed. This helped to make sure people's money was protected against unauthorised or improper use. People were protected from risks and their freedom was supported and respected. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines and accessing the local community with clear instructions for staff on how to meet people's needs safely.

We saw that people, through activities such as home baking and meal preparation were encouraged and supported to maintain their independence and to develop their life skills within a safe environment. Risk assessments were in place to minimise any potential harm. This helped to ensure that people were enabled to live their lives whilst supported safely and consistently.

An established staffing team was in place. Each person was supported by a member of staff and received one to one support. The manager advised they rarely used agency to provide cover as existing staff including themselves covered shifts to ensure consistency and good practice. People's needs had been assessed and staffing hours were allocated to meet their requirements. The manager advised us that the staffing levels were flexible and could be increased to accommodate people's changing needs. For example, if they needed extra care or support to attend appointments or activities. Our conversations with staff and people who used the service confirmed this.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

Suitable arrangements were in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service, when they were given to people and when they were disposed of. Medicines were provided to people as prescribed, for example with food or at certain times. Staff recorded that people had taken their medicines on Medicine Administration Records (MAR's).

Staff hand over records showed medicines administration records (MAR) charts were checked when the staff changed shifts and medicines audits were regularly carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. Established protocols ensured the manager and staff knew what to do in the event of a medicines error, or if people frequently refused to take their medicines, for example, contacting the doctor for advice to ensure their health and well-being was maintained.

Good

Is the service effective?

Our findings

People benefited from a staff team that were skilled to meet their needs effectively. Staff told us that they were provided with core training, refresher updates and had also received specific training to meet people's care needs. This included supporting people with autism, managing behaviours and inclusive communication. People had different levels of dependency for staff to help and support them and the training they had reflected this. We saw a member of staff support a person who was distressed in a consistent and calm manner. They demonstrated their understanding of the person's needs and the best way to interact with them in a reassuring manner that settled them.

Staff told us they felt supported and were given the opportunity to discuss the way that they were working, talk through any issues and to receive feedback about their work practice. Through discussion and shared experiences staff were supported with their on-going learning and development, for example, staff learnt how autism impacted on people in different ways, how best to approach someone when they were distressed, how to recognise the potential triggers for changes in behaviour and how to support people appropriately. People received care and support from staff who understood how to meet their needs.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. The Deprivation of Liberty Safeguards (DoLS) were being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to ensure that any restrictions on people, for their safety, were lawful. Staff recognised potential restrictions in practice and that these were appropriately managed, for example, staff understood that they needed to respect people's decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People had plenty to eat and drink, their personal preferences were taken into account and there was choice of options at meal times. Two people put their thumbs up to indicate that they liked the food. Another person nodded that they liked the food and through the use of their tablet told us how they enjoyed home baking and said it was, "Great". People used a mixture of communication aids such as pictorial reference cards and computer tablets to pick meals as well as vocalising what they wanted.

There was an availability of snacks, refreshments and fruit throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitivity and respectfully.

Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. This included staff awareness of how to meet people's individual dietary needs, for example, supporting people to eat a variety of foods as part of a healthier diet and lifestyle.

People had access to healthcare services and received ongoing healthcare support where required. Care records reflected that people, or relatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other health care professionals such as social workers, specialist consultants and their doctor. Health action plans were tailored to each person and included dates for medical appointments, medication reviews and annual health checks.

Good

Is the service caring?

Our findings

People had complex needs, which meant they could not always readily tell us about their experiences of the service. However they communicated through different ways such as using pictorial cards, a hand held computer tablet and through facial expressions and gestures to show they were satisfied with the staff and care provided. We observed that people were laughing and smiling with staff and appeared happy and comfortable for staff to support them. One person smiled and nodded enthusiastically when asked if the staff were caring and kind.

People were asked for their consent and the staff acted in accordance with their wishes, for example, one person did not want to have personal care when asked but when the staff member returned to the person at a later time they agreed. This showed that people's consent was sought and people's choices were respected.

The atmosphere within the service was welcoming, relaxed and calm. When staff supported people they spoke with them in soft tones and were gentle and unhurried in their approach. People were given time to process information and communicate their responses. People were at ease with each other and the staff. Staff showed genuine interest in people's lives and knew them well, their preferred routines, likes and dislikes.

Staff demonstrated an understanding of the people they cared for in line with their individual care and support arrangements. This included how they communicated and made themselves understood. Detailed communication plans helped develop effective understanding between people and staff. This included information about the equipment people used such as pictorial cards and hand held computer tablets. As well as their facial expressions, vocalised sounds, body language and gestures and other indicators such as their demeanour and what changes could represent, for example how a person appeared if they experienced pain or anxiety.

Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They knew what the different sort of activities and routines that people enjoyed. Staff told us the care plans provided them with guidance and prompts to ensure that people were treated with respect at all times. Records seen confirmed this.

People's privacy, dignity and choices were respected. People's healthcare needs were discussed in private and not publicly. People chose whether to be in communal areas or have time in their bedroom or outside the service. We saw that staff knocked on people's bedroom and bathroom doors before entering. Staff discreetly asked people if they needed support with personal care and this assistance was delivered discreetly.

Regular key worker meetings were held, which helped to develop and maintain positive relationships between people and a dedicated member of staff. A keyworker was in place for each person and was responsible for co-ordinating all aspects of that person's care and support. Staff told us they had got to know people well by spending time with them and, where possible their relatives and friends, as well as reading people's care records.

People had the opportunity to make their views known about their care and support through regular key worker meetings. Events, activities were also discussed and menus planned. Around the service there were various examples of the pictures and symbols used to help inform people and involve them in day to day decisions.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw that staff were attentive to people's needs, checking on them in the communal areas and bedrooms. Requests for assistance were answered promptly and support given immediately.

People had an allocated staff member as their key worker who was responsible for coordinating all aspects of that person's care and support. The key worker met regularly with the person to discuss the arrangements in place and to make changes where necessary if their needs had changed. This ensured that people received care and support that was planned and centred on their individual needs.

Staff explained how they tailored care and support to people with varying degrees of autism, for example, when a person was not always able to express themselves verbally and were becoming frustrated. Staff had learnt and shared with each other the best ways to recognise how people's behaviours and mannerisms indicated their mood, what they wanted to do and choices they wanted to make, for example, we saw how a member of staff helped someone who was anxious become settled. The staff member listened to the person, asked them if they would like to watch their favourite DVD an activity they knew they liked to do. The person agreed and we saw they smiled and laughed with the staff member and was comfortable in their company.

Care plans contained detailed information about people's physical health, mental health and social care needs. These needs had been assessed and care plans were developed to meet them. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's routines. Care plans were updated during regular reviews or as and when people's needs changed. As far as possible, people and their representatives were involved in care planning and review processes and consulted about changes to care plans.

Staff were kept aware of any changes in people's needs on a daily basis. Daily records contained information about what people had done during the day, what they had eaten and how their mood had been or if their condition had changed. There were also verbal handovers between shifts, when staff teams changed, and a communication book to reflect current issues. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

People were protected from the risk of social isolation because the service supported people to go out in the local community. This included attending college, day centres and the leisure centre. Our observations and discussions with people confirmed they were encouraged to pursue their hobbies and interests such as using the trampoline, home baking and gardening. There were photographs throughout the service of people engaged in different things they enjoyed, for example arts and crafts, cooking and sporting pursuits. People were also supported to go on holiday and events including trips to the seaside and zoo had taken place. Individual activity plans were completed and records of activities undertaken or declined were maintained. Where people had continued to refuse to participate in their chosen activities records showed that alternatives were suggested. This showed that people were provided with a variety of personalised meaningful activities to maintain their wellbeing.

People's feedback was valued and acted on. People told us they knew how to make a complaint but had not done so as the staff and manager had acted quickly when they raised any issues.

The provider's complaints policy and procedure was made freely available in the service and in accessible format. It contained details of relevant external agencies and the contact details for advocacy services to support people if required. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. Staff and the manager confirmed they welcomed people's views about the service. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. Where concerns had been raised the manager shared any learning and made changes to limit any reoccurrence whether for the person who raised the concern or others, for example, in response to feedback received that one person's bedroom was cold; room thermometers were purchased so that staff could monitor the temperature in each person's bedroom and ensure people were comfortable.

Good

Is the service well-led?

Our findings

People were valued, respected and included because the manager and staff were approachable, and listened to and valued their opinions. People and staff were comfortable and at ease with the manager.

It was clear from our observations and discussions that there was an open and supportive culture in the service. Staff were encouraged and supported by the manager and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

People benefitted because the manager encouraged staff to learn and develop new skills and ideas, for example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training the manager would support them.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service, for example, staff contributed towards ideas and suggestions for different activities that people might like to do once the weather improved. Staff were comfortable voicing their opinions with one another to ensure best practice was followed. This included a reminder by a member of staff to their colleagues that one person's 'Now and Then' board (communication aid) must be regularly updated throughout the day, as the person responded well to using the aid with support from staff.

People, relatives and visitors had expressed their views about the service through meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. Action plans to address issues raised were in place and these were either completed or in progress, for example, people contributed to decisions that affected their daily life such as menu choices, different places they wanted to go and activities they were interested in. This showed us that people's views and experiences were taken into account and acted on to continually improve the service they received.

People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

A range of audits to assess the quality of the service were regularly carried out. These audits included medicines processes and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Information and identified trends from these audits were analysed by the manager and contributed towards a programme of improvement, with actions identified to ensure people were protected and safe, for example, the health and safety checks and infection prevention and control audits showed that recommendations by an external Food Hygiene Inspector to follow a new cleaning regime and to use a safer cleaning product had been implemented.

People from the local community including health and social care professionals were complimentary about the care provided, the management and the staff team at the service. They told us people experienced safe, effective and compassionate care.