Maple Health UK Limited

Maple House

Inspection report

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Colchester
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Date of inspection visit:
05 June 2018
12 June 2018

Date of publication:
02 August 2018

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

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. Maple House accommodates up to five people. At the time of our inspection there were five people living at the service. Maple House is a detached bungalow in a cul-de-sac in Colchester which forms part of a group of similar properties owned by the same provider. Each property is a distinct service, though there are some shared facilities and joint social events.

This unannounced comprehensive inspection took place on the 5 and 12 June 2018.

At the last inspection in April 2017, the service was rated as requires improvement. We had concerns people were not always safe as staff did not have correct advice about how to safeguard people from abuse and there were gaps in the recording of some medication. We also found staff did not always keep people's information confidential. At this inspection we found the provider had addressed our concerns and we rated the service as good.

At the time of our inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

The registered manager was an effective leader and ran the service in an organised manner. There was a well-established and committed staff team well together n the registered manager's absence. There were structured systems in place to check on the quality of the care being provided. When these checks found there were gaps or mistakes, senior staff ensured these were resolved. There was an open culture where the whole service learnt lessons and drove improvements.

Staff minimised the risks to people's safety and knew what to do if they were concerned a person was at risk of abuse. Measures to reduce the spread of infection were extremely effective. There was enough safely recruited staff to meet people's needs. People received their medicines safely and as prescribed.

Staff had the necessary skills to meet the complex needs of people at the service. The staff team felt well supported and communicated effectively to ensure support to people was consistent. People's physical and mental wellbeing was promoted and they received support to access health and social care professionals when required.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. We found the registered manager and staff met their responsibility under the MCA. Where people were being restricted of their freedom, decisions were made in their best interest.

Staff were caring and treated people with dignity. They communicated with people in a variety of ways to ensure their views were central to the care provided. People lived full lives and were supported by staff to develop their independence. Care plans were extremely person centred and provided staff with the necessary information to meet people's needs and keep them safe. People and families were able to provide feedback and know they would be listened to and any concerns addressed.

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.

Staff knew how to support people to keep them safe and to minimise risk.

There were enough staff to meet people's needs.

People received their medication safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the specialist skills required to meet the complex needs of people at the service.

People received the necessary support to maintain good health and wellbeing and access professional support as required.

The service promoted people's rights and acted in line with legislation when people did not have the capacity to make choices about their care.

Is the service caring?

Good

The service was caring.

People received support from staff who knew them well.

Staff knew how to communicate with people and supported them to make choices about the care they received.

Staff promoted people's independence and treated them with respect.

Is the service responsive?

Good

The service was responsive.

People lived life to the full, in line with their preferences.

Care plans were person centred and supported a service which was tailored to people's needs.

People and their families felt able to feedback and raise concerns about the service.

There are arrangements in place should people require end of life care.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place who promoted a well ordered and person-centred service.

There were well defined roles and staff felt well supported.

There was a structured programme of audits and checks which resulted in an improved service.

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 5 and 12 June 2018 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the provider information return (PIR), which is a statement of information registered providers are required to send the commission at regular intervals to help us understand the service provided and any current risks to the service.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs, and were not able verbally to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with three family members for their views on the service which their relative received.

We spoke with the acting team leader and four care staff. We reviewed the care records of four people who used the service. We also looked at a range of documents relating to the management of the service, including three staff files.

The registered manager was on holiday when we visited Maple House for our inspection, so we spoke with them on their return and they sent us additional documents and information about the service.

Good

Is the service safe?

Our findings

At our inspection of April 2017, we rated safe as requires improvement, as we had concerns about staff knowledge of safeguarding and gaps in the recording of some medicines. At this inspection we found improvements had been made and the rating has improved to good.

Staff understood how to protect people and what to do if they had concerns about people's safety. They had attended training on safeguarding since the last inspection. We saw that when there had been a concern regarding a persons' safety the registered manager had raised the concern with the appropriate agencies and notified us, as required.

Staff helped people manage risk well. There were detailed risk assessments giving staff clear advice and highlighting specific areas of risk such as busy roads or certain health conditions. Staff found practical solutions to minimise risk, for example, they supported a person to avoid walking across a field where they had met a particular dog when out for a walk.

Incidents and accidents were logged and there was an open culture at the service where the registered manager learnt from any mistakes. We found learning was shared with staff, for example, where audits picked up issues, such as gaps in recording, these were discussed positively with individual staff or in team meetings.

Staff told us they received good support from senior staff out of hours, if they needed to contact them in an emergency. When we spoke with staff they knew whether individual people should be resuscitated in the case of an emergency. However, the advice to staff in the care records was not always clear, so the registered manager agreed to revise the plans to ensure staff had the necessary guidance in this area.

Staff told us there was enough staff to meet people's needs. Staff were also efficiently deployed and organised. A family member told us, "I have always found an individual member of staff assigned to each client." The staffing group was well established which offered stability for the people who lived at the service. The service rarely used agency staff, which meant the people at the service were supported by staff who knew them well. Senior staff had prepared a useful overview care plan for each person summarising their needs which was used by any agency staff.

The recruitment of new staff was managed safely. Checks including references and applications to the Disclosure and Barring Service (DBS) were undertaken before a new staff member commenced in their role. The DBS is an agency which holds information about people who are barred from working with vulnerable people. Employers can use the DBS checks to make safer recruitment decisions.

There were effective measures in place to minimise the risk of infection, for example staff used colour coded chopping boards to prevent cross-contamination. The provider had a full-time maintenance officer and we found the house was in a good state of repair. A senior member of staff carried out regular checks on the property. A family member told us, "The house is kept immaculate." Though the service was kept very clean

and ordered, this did not negatively affect people. There was still a homely feel, for example, one person liked to leave their sporting flags and stickers out in the communal areas.

People received their medicines as required. At our last inspection we found that not all prescribed creams and lotions had been signed for when administered by staff so we could not be assured that people had received these medicines as prescribed. At this inspection we found the administration and recording of medicines had improved. Improved training and audits had been put in place since out last inspection, and senior staff told us it was now easier to see what medicines has been used.

There were clear instructions to staff on how to administer and record the support they provided with medicines. Staff could describe the medicines people took and were alert to any changes, for example in the number of seizures a person had. Each person had a medicines protocol which described the medicines prescribed, any allergies and people's preferences when taking their medicines. Only suitably qualified staff administered medicines. There was a schedule to ensure all staff had their competence checked, and we noted these checks were detailed and resulted in improvements in the way medicine was administered. For example, one member of staff was reminded to use a pot and not a spoon when giving a person a tablet. The service had procedures in place for receiving, storing and returning unused medicines safely.

Good

Is the service effective?

Our findings

At our inspection of April 2017, we rated effective as good. At this inspection we found the service continued to be effective and the rating remained good.

Since our last inspection the provider had increase the use of external training, in addition to the in-house training. Staff told us training was of a good quality and developed the skills they needed to support people. New staff had a detailed induction, which included shadowing more experienced staff, who gave them detailed advice on each person's needs. Where staff were new to care they were supported to complete the Care Certificate, which is a national programme to ensure staff develop the core skills needed for their role.

Staff had the specialist skills to support the complex needs of people at the service. They had attended a course on managing behaviour positively through using a technique called 'de-escalation'. Staff described how they supported people who became anxious, in line with their training and we saw this demonstrated throughout the day as staff worked effectively with people when they were distressed. Other specialist training included epilepsy and autism courses.

Staff told us they were well supported and supervised. There was a structured timetable for individual and team meetings which promoted team work and made sure information was handed over effectively. The daily logs helped ensure support was consistent and continuous, for example staff alerted their colleagues in the next shift when a person had a slight graze so that staff could monitor it and make sure it was healing.

People were supported to eat and drink in line with their preferences. A family member told us, "They make homemade meals from scratch, I am really impressed there is always something cooking on the stove." The people at the service had access to the kitchen, with staff support, and some of the people were involved in shopping for groceries. A member of staff told us, "We are not thinking of shopping on-line as the guys like going out shopping so much."

People received the necessary support to maintain their health and wellbeing. There were clear timetables to ensure people accessed health professionals as required, such as the dentist and opticians. A family member described how their relative was anxious about going to the chiropodist, so staff created a personalised schedule to help them build up to attending the next appointment. There were detailed 'health passports' which people could take with them if they had to go into hospital. These provided key information for health staff, for example one person's passport advised a person would not remember to ask for a drink if they were thirsty.

Staff had detailed advice on specific health needs, for example, one person had an epilepsy folder which held guidance, monitoring forms and personalised plans on how to manage their epilepsy. A family member told us, "[Staff] have bespoke training from the epilepsy nurse attached to the local NHS hospital and they keep detailed records of seizure activity."

Staff monitored people's health in annual health reviews. For example, one review looked at the food charts staff had completed to monitor cholesterol levels. The health review process checked the right referrals to the GP and dietician had been made and staff told us they were proud that the cholesterol levels had reduced.

The property was purpose built and designed to meet people's complex needs. The environment was light and airy and individual bedrooms had been decorated to reflect individual's interests. For example, one person's room was full of rugby and football pictures.

We checked whether people were being supported in line with requirements of The Mental Capacity Act 2005 (MCA). This act provides a legal framework for making particular decision 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 make a particular decision, any made on their behalf must be in their best interest and the least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the provider was meeting their legal responsibilities within the MCA. Detailed assessments around capacity and up-to-date DoLS were in place, as required.

When people lacked capacity, decisions were made in their best interests. The manager worked well with families and social care professionals to ensure correct systems were in place to support people in line with legislation. Care records did not always outline clearly the legal position family members had in supporting people when making decisions, for example around finance. We discussed this with the registered manager who agreed to ensure care records were revised, as required.

Staff had the skills to maximise people's ability to consent to the care their received. For instance, where a person had signed their care plan, staff had used pictures to explain the consent form to ensure the person understood what they were signing..

Good

Is the service caring?

Our findings

At our inspection of April 2017, we rated caring as requires improvement. At this inspection we found improvements had been made and the rating has improved to good.

At the last inspection we found staff held team meetings in the lounge which did not fully protect the confidentiality of people's information and intruded on their communal space. At this inspection we found the provider had resolved this and held the team meetings separately.

Families gave us positive feedback about how caring staff were. One relative said, "The clients are treated as community members and seem to feel valued." We observed throughout our visit that staff interacted warmly and with affection with people.

People benefitted from being supported by staff who knew their preferences and routines in detail. A member of staff told us, "We know them so well we can see the signs before anything happens." For example, staff made sure a person had their food separated on the plate, and not mixed, as this caused them distress. Care plans included information on 'things I must have in my life' and 'my fears and nightmares.' When we spoke to staff they described how they ensured the care people received took this information into account. During our visit staff demonstrated this in practice, for instance constantly reassuring a person who was anxious about a change in routine.

The acting team leader described how each month they discussed a section of the care plan with each person, using a variety of ways of communication to ensure people understood the process. Recently they had looked at 'what time do you like to get up?' People were given pictures of different options and with support, selected their preferences. They had also reviewed Christmas so that staff could find out what worked well or what they should change. This was an example of good practice which empowered people to be involved in plans for their care.

Choice was promoted positively and continuously. For example, we heard staff asking a person if they wanted a wrap or a sandwich for lunch and people could have either potato or rice for their main meal. Staff had returned recently from a holiday by the seaside with two people who got on well together. Staff had shown them pictures of two holiday resorts to help them select where they wanted to go. Staff told us another person had said they did not want to go on holiday, but preferred to go on day trips, including Legoland.

People at the service had a variety of communication needs and staff communicated with individuals, in line with their specific needs. Pictures were used in the kitchen to remind people were items were and to alert them to any potential risk. Notice boards included information in picture format, which supported the people who used this form of communication to know what was happening each day.

Staff encouraged people to maximise their independence, for example to tidy their rooms or manage their spending money, as appropriate. Staff had supported a person in their transition into adult life. For example,

they had referred them to a relationship course to help them make decisions about what was important to them. We noted care plans were written in a respectful manner, which promoted the person rights and dignity. Where people did not have a concept of privacy, staff supported them to develop these skills, for example about shutting the curtains when getting dressed.

Good

Is the service responsive?

Our findings

At our inspection of April 2017, we rated responsive as good. At this inspection we found the service continued to be responsive and the rating remained good.

People received care which was person-centred and flexible. The guidance in care plans was personalised and enabled staff to support people in line with their needs and preferences. The details in care plans were practical and useful. For example, advice on clothes included the measurement of trouser legs, which meant any possible distress of buying clothes had been minimised.

Staff had considered in detail what people's preferences were and this was recorded clearly in their care plan. For example, a person often liked to listen to music but only sometimes liked to go on a bus, and then only if they could sit on a particular seat. People's religious and cultural needs were captured. A person's care plan stated they did not like going to church but they "did like the music." People's care was reviewed annually or as required. Families were involved in reviewing the care. Plans stated exactly who should be invited to meetings and communicated about changes in care.

Staff supported people to keep in touch with their families and friends, who were welcome to visit at any time. A member of staff and a person told us how they had just hand-delivered a card to their nephew. A family member told us, "Communication between all parties is fantastic."

Staff supported people to develop clear goals which were practical and achievable. For example, one person had the goal to improve brushing their back teeth as advised by the dentist. A family member told us, "[Person] has made huge strides in self-care, flexibility and a widened range of hobbies. They look very fit and healthy and physical exercise is an important part of daily living."

People were occupied to engage in a range of activities. On the day of our inspection some of the people were visiting the local railway museum. The provider had a mini-bus and other vehicles which staff could use to transport people. There was a summer house which was shared with the provider's local services and staff told us this provided a good area for parties. There were many photos of all the activities and special occasions which people and staff had been involved in.

There was a complaint policy and log but this was rarely used as concerns were addressed at an informal level. People and families were asked their views through questionnaires as well as through regular reviews and informal contact.

The service had received guidance relating to end of life support from a local funeral society. Staff had recorded for each person discussions around end of life care, for example, checking whether there were any religious requirements.

Good

Is the service well-led?

Our findings

At our inspection of April 2017, we rated well-led as good. At this inspection we found the service continued to be well-led and the rating remained good.

Feedback from families was extremely positive about all areas of the service. A family member told us, "This is a fantastic place in all aspects." Although people could not verbally give us feedback about the way the service was run, we observed people benefitted from the safe, person centred environment of Maple House. The registered manager had encouraged a culture and shared vision which was focused on the people at the service.

Previously the registered manager had been responsible for three services and they had gradually reduced their responsibility and were now only managing Maple House. They told us this gave them more time to focus on the service and they spoke with great pride about the care they provided.

Roles were well established and staff worked well together, and to their strengths. One senior member of staff told us they oversaw all the food shopping and another focused on care plans. The registered manager told us, "I pride myself as being well organised 'A place for everything and everything has a place', this is also passed onto staff so they can find any information when needed." This was confirmed on the day of our visit when the registered manager was on holiday and we observed the service run smoothly and efficiently in their absence.

Although this was an established service, the registered manager was passionate about driving improvements. They had sourced new training and recently introduced an "employee of the month" scheme. Staff spoke warmly about the registered manager. A member of staff described how the registered manager had been positive when they had made a suggestion to help with staff communication. Staff told us, "The manager is approachable. They work on shifts and you can ask them anything" and "I can't fault the manager, you can take any problem to them."

There was a clear programme of quality audits and checks. The provider visited monthly to check on the quality of the care and audit documentation at the service. Staff told us they found the visits useful, for example after a recent visit the provider had introduced a new tray to help staff when they were counting medicines. There were also other checks on the quality of the service which were well organised and structured. These checks helped ensure people were being supported in a safe way. For example, all receipts for people's personal finances were audited weekly by the registered manager and a senior member of staff to check their money was being managed safely.

The well-ordered systems made it easy to check whether the required audits were taking place, and we were able to see water temperature checks had not taken place during one short period of time. We discussed this with the registered manager who demonstrated they had good oversight and had put measures in place to resolve any gaps in the audits.