

Mr Alan Philp

Maple House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 11 October 2017 and was announced. At our last inspection in May 2015, we found the provider was meeting the regulations, we inspected and the service was rated "Good". At this inspection, we found that the service continued to be rated "Good".

Maple House provides personal care and accommodation for up to eight adults with a learning disability. At the time of our visit, seven people were using the service.

There was a registered manager in place. 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.

There were systems in place to protect people from the risk of harm. Staff knew how to identify abuse and where they should report their concerns. People were protected from the risk of avoidable harm by having appropriate risk assessments in place.

The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff. We saw staffing levels were sufficient to meet people's needs.

There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice. They received regular supervision to monitor their performance and development needs.

People were treated with kindness and respect. Staff promoted people's independence and their privacy were respected. We found support plans were individualised and reflected each person's needs and preferences.

People's medicines were managed safely and people received appropriate healthcare support. People were supported to eat and drink enough to help keep them healthy.

Staff sought people's consent before providing care and support. Information about advocacy services was available to people who used the service.

There were systems were in place to monitor and check the quality of care provided to improve the service and take action when required. Complaints and concerns were dealt with appropriately.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 11 October 2017 and was announced. It was carried out by one inspector. The registered manager was given one-hour notice because the service is a care home for younger adults who are often out during the day. We needed to be sure that members of the management team were available to assist us with the inspection.

Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and information from other health professionals. A notification is information about important events which the registered provider is required to send to us by law.

During our inspection we observed how the staff interacted with people and how people were supported using the Short Observational Framework for Inspection (SOFI). SOFI is a tool developed by the University of Bradford's School of Dementia Studies and used by inspectors to capture the experiences of people who use services who may not be able to express this for themselves. Only one person was able to share their experience, however, they were not willing to talk to us on the day of our visit. We also spoke with some relatives and health and social care professionals to get their views about the service.

On the day of our inspection we spoke with the deputy manager, the maintenance person, and two members of care staff. The registered manager was not available as they were attending a training course.

We looked at records, which included three people's care records, three staff files, the medicine administration records (MAR) and training records.

We also looked at other information related to the running of and the quality of the service. This included health and safety records, staff duty rotas for the last four weeks and satisfaction surveys completed earlier

this month.

Is the service safe?

Our findings

Relatives and other healthcare professionals told us they did not have any concerns about the safety of people in the service. One relative said, "The home is a safe place." People were kept safe as staff understood their role in relation to safeguarding procedures. Staff had access to safeguarding policies to enable them to report any safeguarding concerns. They were able to explain different types of abuse and how they would report any concerns. We saw staff had received training to make sure they were up to date with safeguarding procedures. The subject was also discussed during staff meetings.

The provider had a whistle blowing policy and procedures in place. Staff were able to describe the actions they would take if they had to whistle blow. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. Staff knew they could approach other organisations to report their concerns.

We saw risks to people had been assessed in order to maintain their health and wellbeing. Risks in relation to areas such as safety, behaviours and mobility had been identified and plans put in place to manage them. Staff had a good knowledge of people's risk assessments and this helped to ensure people were kept as safe as possible. One relative said, "The staff are aware how to manage [person's] behaviour and not putting them at risk."

The provider ensured people lived in an environment that was safe for them. We saw there were regular fire safety checks carried out. Each person had an emergency evacuation plan which gave details of the support they would need in the event of an emergency. There was also a contingency plan in place to ensure people's needs could continue to be met in the event of an emergency, such as a fire.

The provider had appropriate recruitment procedures in place. We saw they carried out the required checks before staff could work for the service. These included obtaining references, identity checks and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff working at the service to keep people safe and to meet their needs. Additional staff were provided on particular days each week to enable people to access the community for activities. A relative told us, "There are always staff around when I visit." In the event of sickness or an emergency, the registered manager ensured staff who knew people's needs well would cover and this helped with people receiving consistent care.

We found people received their medicines safely and staff were trained to administer them as they were prescribed. We reviewed people's medicine administration records (MAR) and saw staff had signed to say what medicine had been administered. Where a person refused their medicines, the reason and any action taken as a result was recorded. Relatives were happy with the way staff managed the medicines of their loved ones.

Is the service effective?

Our findings

People received support from staff who had received training and this helped them to understand their needs and supported them accordingly. Staff told us they felt well supported and trained to meet people's needs and carry out their roles and responsibilities effectively. Relatives were complementary of the staff and felt they knew what they were doing. The training records we looked at showed staff received regular training to keep themselves up-to-date in their roles. Staff had completed recent training in areas such as safeguarding, food hygiene, fire safety, medicines, infection control and health and safety. Training was provided mostly through face to face and very little were computer based 'e-learning'.

We saw new members of staff were inducted into their job role when they started work at the service. Staff told us they found the induction useful as they got to know the people and what their needs were, before they commenced fully in their role.

Staff felt well supported in their role by having regular one to one meeting with the registered manager. They mentioned they found those meetings useful. The registered manager also ensured staff had an annual appraisal to discuss their work performance.

The Mental Capacity Act 2005 (MCA) is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Deprivation of liberty safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw from care records, people and/or their representatives had been consulted regarding their care and support. When people lacked the capacity to make a specific decision, relevant people would be involved in the decision-making process in their best interest. We saw staff had completed training in MCA and had the knowledge and understanding when we spoke to them about the subject.

People were supported by external health care professionals to maintain their health and wellbeing. We saw staff liaised with other professionals regarding people's health needs, for example, their GP to review their medicines. Staff supported people to attend appointments. We saw advice from other professionals such as a GP was included in the people's records. Staff had a good understanding of when to seek medical help and did so in a timely manner when people needed it.

Staff supported people to maintain their nutritional wellbeing by ensuring they had enough to eat and drink. We saw people were given choices regarding their meals. What people would like on the menu was discussed during their monthly meeting. Staff were aware what people likes and dislikes were as far as their nutritional needs were concerned. Food charts were completed when required to monitor people's nutritional intake. Relevant health professionals, such as the dietician and speech and language therapist, were contacted as necessary for advice. Relatives felt the food served was good and had no concerns.

Is the service caring?

Our findings

Relatives and healthcare professionals commented positively about the staff and their caring attitudes. One relative said, "The staff are very kind and caring." Another relative told us, "I am happy with the way staff look after [person]."

We saw people were involved in making decisions in areas, such as what they like to eat or where they like to sit during the day. Staff were made aware of people's choices and preferences and made sure these were met. For example, one person liked to go out on a one to one basis and not in a group. Staff respected their choice.

People were encouraged to be as independent as they were able to be, whilst providing care and support where necessary. For example, staff encouraged to wash their face or clean their rooms. This demonstrated staff empowered people to be as independent as possible.

Staff had a good understanding of people's needs and how they communicated, such as looking at certain specific behaviours and facial expressions of people. This helped to ensure people receive care and support according to their individual needs. One relative said, "[Staff] is very good with [person], they know how to communicate with them and they get on well."

Staff ensured people's privacy and dignity was maintained at all times. They mentioned they always knocked on the door before they go in. We overheard staff knocking on people's bedroom doors during our visit. Staff ensured doors were closed and curtains drawn when providing people with personal care so their privacy was not compromised.

We saw records were kept securely and staff were clear about the policy and guidelines for discussing confidential issues. Staff had signed the confidentiality policy and procedures to indicate they had read and understood them. Relatives confirmed they felt their confidentiality as well as their loved ones were respected.

Staff promoted the equality and diversity of people by providing a service that is personalised and diverse. They ensured people could access the same opportunities regardless of their lifestyle or background and respected people individual beliefs, and cultures. We saw conversations between people and staff were relaxed and friendly.

We noted the end of life wishes were discussed with people and this was documented and recorded in support plans. This helped to ensure people's wishes could be met in a way they had chosen.

Is the service responsive?

Our findings

People received care and support which were responsive to their needs and personalised to their wishes and preferences. Feedback from relatives indicated they were satisfied with the care and support provided by staff. One relative said, "The staff do a fantastic job."

Before a person moved into the service, an assessment was carried out to make sure staff could meet their needs. From the assessment, the staff would formulate an individualised support plan which people and their relatives were involved in. This covered a number of areas such as how people communicate where they were unable to do verbally. We saw people had signed their support plans to show their involvement.

Staff demonstrated a good knowledge of the people they supported, their care needs and their wishes. Care records contained detailed information relating to the person and the support they needed. For example, one support plan stated, '[person] has limited road safety awareness and needs to be constantly supervised whilst in a community setting.'

Support plans contained clear instructions for staff to follow. Behaviour support plans were in place for some people to guide staff in understanding their behaviours and how to manage them.

We saw support plans were reviewed monthly and staff were made aware of changes in people's needs. This helped to ensure people could be confident that their needs would be met and their wishes respected. Relatives told us they had been involved in formal reviews with social workers.

People participated in a range of activities that they enjoyed. They were supported to go out into the community with staff to places of their choice, such as shopping, social clubs, or the local boot sales. We noted the support plans included information about what social activities people liked to take part in.

Staff supported people to keep in touch with their relatives on a regular basis. One relative told us, "[Person] comes to visit me often." Relatives were made welcome when they visit the service. All this helped to ensure people were not socially isolated.

The provider had a policy in place for dealing with complaints which explained how the service would respond to and investigate any concerns people raised. We saw the complaints procedure was displayed in the service. People and their relatives were encouraged to discuss any concerns with the registered manager. Relatives told us they knew how to make a complaint if they needed to. Relatives said they could raise any minor issues with staff and they were confident they would be dealt with promptly. We saw the complaints procedure was also in picture format for people who were unable to read. The provider took account of complaints and comments to improve the service.

Is the service well-led?

Our findings

Relatives had no concerns about the service and how it was run. The registered manager had worked at the service for a very long time and was well respected by the staff team as well as by the relatives. One relative said, "[Registered manager] is a very good manager, they are easy to talk to if I need to check something."

Staff described the registered manager as very approachable and supportive. They were encouraged to make suggestions about how to improve the service, either on an individual basis or as a group during the monthly staff meetings. One member of staff said, "I can talk to the manager if I need any advice." Staff understood the values of the service and were aware of their roles and responsibilities. They mentioned they worked well as a team.

We saw people also had meetings held monthly and these covered areas such as meals, activities any concerns they may have.

The registered manager sent satisfaction surveys to people, their representatives, other health care professionals and staff to gain their views and feedback about the service. We looked at the recently completed surveys and found the comments were positive about the service. If anybody had suggested any improvements, these were taken on board and acted upon. We also found that regular checks were carried out in areas such as medicines and care records to ensure they were completed correctly.

The provider had a number of policies and procedures which they were continually reviewed and updated as per latest guidance or regulations. This helped to ensure staff provided care and support to the expected standards and meeting people's needs.

The registered manager worked in partnership with other health and social care professionals to ensure all the care needs of people were met. They were aware of their responsibilities to inform the Care Quality Commission of significant events that affect people's safety and wellbeing.