

Cera Homecare Limited

# The Maples

## Inspection report

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21 April 2023

25 April 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Maples provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. The service provided personal care to 26 people at the time of the inspection.

### People's experience of using this service

Risks to people were assessed, monitored, and managed. Staff followed guidance to minimise the risk of harm to people. There were systems in place to ensure people were protected from the risk of abuse. People told us they felt safe with staff and that staff treated them well.

People received their visits on time by the right amount of staff who were safely recruited, skilled and experienced. All applicants underwent a series of employment checks to make sure they were fit and suitable for the role. New staff completed induction training and all staff received ongoing training for their role.

Safe infection prevention and control (IPC) measures were followed to minimise the risk of the spread of infection, including those related to COVID-19.

Medicines were managed safely. People who required support with their medicines told us they received them at the right time. Medicines were managed by staff who were suitably trained and deemed competent.

People were involved in the completion of their assessments and care plans. Care plans reflected people's needs and choices and were kept under review to make sure they were current and up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were treated with kindness and their privacy, dignity and independence was respected and promoted. People were involved in decisions about their care and staff respected their decisions and lifestyle choices.

People's communication needs were assessed and understood and they were provided with information in a way they could understand.

Complaints were listened to and used to improve the quality of the service. People knew how to complain, and they told us they would complain if they were unhappy about something.

The service was well managed by a person who understood their role and responsibilities and regulatory requirements. The providers systems and processes for assessing, monitoring, and improving the service were used effectively. There was good oversight of the service on behalf of the provider and good partnership working with others to make sure people received all-round care and support.

#### Rating at last inspection

This service was registered with us on 23 September 2021, and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 ●

# The Maples

## 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.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure the manager would be available to support the inspection.

Inspection activity started on 21 April 2023 and ended on 28 April 2023. We visited the location on 21 and 25 April 2023 and completed our review of records.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided. We spoke with 6 members of staff, the registered manager, a team leader, service improvement officer and area manager.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 staff files in relation to recruitment, supervision and training and a variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Risk assessments relating to the health, safety and welfare of people were completed and measures were in place to make sure their safety was monitored and managed.
- Guidance for staff on how to monitor and manage people's safety was clearly set out in their care plans. Risks to people were kept under review and any emerging risks were assessed and planned for.
- People were provided with a pendant alarm to enable them call for assistance in an emergency. There was an on-call system in place to enable staff to call for advice and guidance out of office hours. Details of those on call were displayed on a staff notice board.
- Each person had a personal evacuation plan (PEEP) which detailed up to date information about any support or assistance they needed to reach a place of safety in the event of an emergency.
- There was a system in place for recording details of accidents and incidents which occurred at the service. Incidents were analysed to identify and patterns and trends and to look for way to reduce further occurrences. Any lessons learnt were shared with staff at the earliest opportunity.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of abuse.
- Staff received safeguarding training and were familiar with local safeguarding policy and procedures. They were knowledgeable about their responsibilities to prevent, identify and report abuse.
- Action was taken in response to allegations of abuse and other concerns. They were referred onto the appropriate agency and internal investigations were carried out where this was required.
- People told us staff treated them well and that they felt safe with them. Their comments included "They [staff] treat me very well indeed" and "Yes, they make sure I'm safe."

Staffing and recruitment

- People received care and support from the right amount of staff with the right skills and who were safely recruited.
- Visits to people's homes were planned in advance to make sure they were attended by the right amount of staff. Every effort was made to ensure people received visits from a consistent group of staff with whom they were familiar. However, staff told us they had not always met with people prior to their first visit. We discussed this with the registered manager who assured they would put arrangements in place for an introductory meeting.
- Safe recruitment practices were followed. Before a job offer was made applicants underwent a series of pre-employment checks to assess their fitness and suitability for the role.

### Using medicines safely

- Medicines were safely managed.
- Support with medicines was provided by appropriately trained and competent staff.
- People told us staff supported them to take their medicines at the right time.

### Preventing and controlling infection

- Safe infection prevention and control (IPC) measures were followed to minimise the spread of infection.
- Staff completed IPC training and were provided access to current policies and procedures which were in line with current government guidance.
- There was a good stock of the right standard of personal protective equipment (PPE) and staff used and disposed of it safely.
- People confirmed staff used PPE when assisting them with personal care and regularly washed their hands. Their comments included "They [staff] use gloves and aprons when helping me to wash" and "They're always washing their hands."

# 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 of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before a care package was agreed.
- People were involved in the assessment process enabling them to make choices about their care and agree how it was to be provided.
- Assessments were kept under review to ensure people's wishes and care need requirements were up to date. Further assessments were completed following a change in people's needs.
- People told us staff provided them with the right care and support which they had agreed to. Their comments included; "Just right, they [staff] are very good at doing what they need to" and "It's all written down but I can tell them as well."

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 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. When 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.

- At the time of the inspection no person using the service lacked capacity to make decisions about their care. However, there were systems in place to assess people's capacity if this was needed.
- The registered manager and staff had completed training in the MCA. They understood their responsibilities for ensuring they followed the legal process for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.
- People told us they were asked for their consent to any care and support before it was provided.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training for their roles.
- New staff received a period of induction which included learning about the expectations of their role, the organisation and training in mandatory topics. All new staff completed the Care Certificate. The Care

Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the minimum standards that should form part of a robust induction programme.

- All staff completed ongoing training in mandatory topics and other topics specific to people's needs. The registered manager tracked training progress and completion to ensure staff learning and knowledge was up to date.
- Staff were supported through regular one to one meetings with their line manager and through regular staff meetings. Managers also carried out spot checks on staff whilst they delivered care to people in their homes as a way of monitoring their performance and identifying any areas for development.

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

- People received the support they needed to maintain a healthy and balanced diet.
- The assistance people needed to eat, and drink was detailed in their care plan along with their food and drink preferences and any food allergies.
- Staff had received training around safe food preparation and understanding nutrition and hydration. People's weight, food and fluid intake was monitored where this was required. Any concerns staff noted regarding people's diet were referred onto the relevant healthcare professional.

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

- Where it was required, staff worked with other agencies to ensure people's needs were met.
- Care plans included the details of healthcare professionals and other services people were registered with such as social work workers, GPs, and community nursing teams.
- Staff provided the necessary support for people to access services. However, family members often arranged appointments and supported their relative in attending them. Care plans were updated following appointments to include any information which impacted on people's care.

# 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 of 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.

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

- People were supported to express their views and make decisions about their care.
- People were involved in their initial assessment when their views and decisions about their care were obtained and used to develop their care plan.
- Care plans included people's wishes and preferences such as their chosen name, time for waking and retiring to bed, times they liked to nap during the day and mealtimes.
- People were given the opportunity to comment about the care provided through weekly telephone calls and face to face care review meetings.

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

- People were well treated and supported.
- People's lifestyle choices and routines were understood and respected including their cultural and religious beliefs, important relationships, and routines.
- Feedback from people about the staff team was positive. Their comments included, "They [staff] are all very kind and thoughtful" and "I'm very happy with all of them [staff] they are all so lovely."

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff were kind, caring and patient with people and people appeared relaxed and comfortable around staff. Staff spent time talking with people and conversations they initiated showed they knew what people enjoyed talking about.
- Care records contained information about how people's privacy, dignity and independence should be promoted. For example, how they wished staff to enter their homes and of the things people liked to do for themselves.
- Staff understood the importance of respecting people's privacy, dignity, and independence. A staff member told us, "It goes without saying, everyone should be treated with respect" and another told us, "It's everyone's right to be treated respectfully."
- People told us staff were respectful of their privacy. Their comments included, "They [staff] never just walk in they always knock on my door and wait for me to answer it" and "They [staff] are very discreet when helping me to shower."

# 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 of 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; 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

- People's care was planned in a personalised way.
- Each person had a care plan held in their homes. People told us their care plans accurately reflected their needs and how they wanted them to be met. One person said, "Everything they [staff] need to know about me is in there (care plan)."
- Care plans included people's preferences and wishes and were regularly reviewed with the person and or family members to make sure they remained current and up to date.
- People were involved in planning their visit times and they were reviewed regularly to make sure they remained suitable. People told us they had no concerns about rescheduling their visit time if needed. One person told us, "I've changed my calls a couple of times, no problem."
- When required staff supported people to maintain important relationships and to access the community and activities within the complex.

### Meeting people's communication needs

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

- People's communication needs were assessed and kept under review.
- Care plans detailed people's preferred method of communication and any aids they needed to enhance their communication.
- Information was provided to people in a format they could easily understand.

### Improving care quality in response to complaints or concerns

- Complaints were responded to and used to improve the quality of care people' received.
- The provider's complaints procedure was made available to people and others.
- Complaints records showed they were acknowledged, investigated, and responded to and improvements were made to the service
- People told us they knew how to complain and would do if they needed to. Their comments included; "I'd call the office and let them know" and "Yes I'd complain if I needed to."

## End of life care and support

- At the time of our inspection the service was not providing end of life care.
- Staff had completed training in end-of-life care and support and refresher training was available should they require it.

# 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 of 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.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- The registered manager and staff understood their roles and responsibilities.
- The registered manager kept up to date with their training and learning, guidelines, and best practice to ensure their understanding of regulatory requirements.
- The providers systems and processes were used effectively to assess, monitor, and improve the quality and safety of the service. A range of audits and checks were carried out at regular intervals across the service to help identify any safety concerns or quality issues. Any areas identified for improvement were addressed in a timely way and monitored to ensure sustained improvement.
- Other senior managers within the organisation including an area manager and a service improvement manager, maintained oversight of the service on behalf of the provider. They carried out regular visits to support the registered manager in their role and to oversee the providers governance systems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- There was a positive culture that was person centred and inclusive.
- People were involved in planning their care and support and they experienced good outcomes. Staff knew people well and respected their choices and decisions.
- The provider presented staff with awards in acknowledgment of their hard work and commitment to their job. Staff told us they enjoyed their job and felt well supported, listened to and valued.

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

- There were processes used to engage and involve people, family members, staff, and others.
- People, family members, staff and other stakeholders were invited to complete a survey to collect information on their opinions about the service. Responses to the most recent surveys were positive.
- Regular care review meetings and telephone calls provided people with the opportunity to comment and make decisions about their care. General meetings were held, and newsletters sent out to people and others keeping them up to date about the service including any changes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood and acted on their duty of candour. They were open and

honest with people and relevant others when things went wrong.

- The manager knew which events they were required to notify CQC about and they submitted them without delay.

Working in partnership with others

- There was a positive approach to working in partnership with others.
- The registered manager and staff worked in partnership with the housing provider and other health and social care professionals to make sure people received the right care and support.
- The registered manager attended meetings with the local authority and other professional bodies to ensure they were kept up to date on any changes and events that impacted on service delivery.