

The Lantern Community

Field Maple Tree

Inspection report

Horton Road
Ashley Heath
Ringwood
Hampshire
BH24 2EB

Tel: 07522137994

Website: www.lanterncommunity.org.uk

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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:

Field Maple Tree is a domiciliary care agency. It provides a service to adults with learning disabilities and autism. This service provides care and support to people living in four 'supported living' settings. At the time of our inspection the service was supporting 20 people. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

Requires improvement (published 29 March 2017).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

People had good community networks which were personal to them. This included, day services and supporting people to access the local amenities and maintaining regular contact with family and friends. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People and relatives told us they were happy, felt safe and that staff had a good understanding of their needs and preferences. Staff listened to what people wanted and acted quickly to support them to achieve their goals and aspirations. Staff were innovative and looked to offer people solutions to aid their independence and develop their life skills.

Improvements had been made to medicines, supervisions, training, Mental Capacity Act paperwork and quality monitoring since the last inspection. Medicine errors had reduced and safe systems had been introduced through robust quality monitoring. Staff felt they were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life.

People, professional's and relatives spoke highly about the management and staff had a clear understanding of their roles and responsibilities. Staff told us they felt the registered manager could be more visible and supportive. The registered manager recognised this and wanted to work positively with the staff team to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff

supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was reviewing how best they could meet the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A full description of our findings can be found in the sections below.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Field Maple Tree

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by an inspector and an expert by experience who made phone calls on day one and one inspector on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts experience was related to learning disabilities, autism and using services themselves.

Service and service type:

Field Maple Tree is a domiciliary care agency. This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support..

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The inspection started on 26 February and ended on 1 March 2019.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit so that people could be informed of our visit and permissions could be sought to arrange home visits.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local

authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with five people who used the service and visited the four supported living locations. We met with four relatives on site. We received feedback from three health and social care professionals via telephone.

We spoke with the registered manager and nominated individual. A Nominated Individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided. We met with six support workers and one house coordinator. A house coordinator was a senior support worker. We reviewed five people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

Is the service safe?

Our findings

At the last inspection in March 2017, we asked the provider to take action to make improvements in the safe management of medicines and learning when things went wrong. During this inspection we found improvements had been made.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes, including recruitment.

- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.
- People, professionals and relatives told us they felt Field Maple Tree was safe. Comments included; "I'm happy here and it is close to my friends and family", "It's safe here, lots of people" "[Person's name] is safe here. We have peace of mind and regular contact" and "I am confident in their practices from what I see and hear".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- We found that the service had improved and implemented safe systems and processes which meant people received their medicines in line with best practice. These included weekly and monthly audits and having assigned administration staff each shift. A staff member told us, "Improvements have definitely been seen in medicines. It's a better system and well managed".
- The service had safe arrangements for the ordering and disposal of medicines.
- Medicines were stored securely. However, these were stored together in individual lockers. This was not typical of supported living services. The registered manager said that they will explore relocating medicine cabinets in people's own rooms.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Medicine Administration Records (MAR) were completed and audited appropriately.

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

- Where people had been assessed as being at risk of choking or seizures, assessments showed measures

were taken to discreetly monitor the person and manage risk. A person told us, "I am kept safe. Staff explain risks to me. They meet with me and help me understand these".

- People were supported to take positive risks to aid their independence. For some people this had included developing life skills and confidence to access public transport and the community on their own. Measures in place included a piece of assistive technology which people took out with them which had a tracker and sent messages to staff via a device. Staff were able to call the person and speak to them as well as locate their exact location.
- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, policies were in place, risk assessments had been completed and care plans were clear and up to date.
- We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge themselves, others or the service.
- There were enough staff on duty to meet people's needs. A person told us, "There are lots of staff for us". A professional told us, "If anything, they're overstaffed!". A relative said, "In general there are enough staff. No problem at all". Staff had mixed views and comments included; "I don't think there are always enough staff, it doesn't have a negative impact on people though" and "There are enough staff. We can support people well". The registered manager deployed staff at different times of the day based on people's needs and their activities and appointments.
- The registered manager had implemented improvements and responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection control and keeping people safe. A staff member said, "We keep areas clean and use different colour cloths and mops which are regularly cleaned. We also use gloves and aprons which we have a good stock of. We also use red bags if and when we need to".
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There were hand washing facilities throughout the homes. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they enjoyed the food at Field Maple Tree and liked preparing meals and baking. People's comments included; "Food is nice. I cook. Today I had fish fingers, mash potato and vegetables" and "Good food. We can choose what we have and go shopping on Saturdays". A professional told us, "There is one formal cooking session a week with each person and then they'll all help with supper in various ways".
- People were supported with shopping, cooking and preparation of meals in their home. However, food shopping was mainly ordered online by staff. This was not typical of supported living services. The registered manager said that they will explore opportunities for people to complete food shops at local supermarkets to gain further independence and budget skills.
- Staff understood people's dietary needs and ensured that these were met. Different dietary needs included, gluten and dairy free, diabetics and vegetarians.
- People were actively involved in choosing meals and preparing these should they wish/want to. Menus reflected a good choice of healthy home cooked meals. Alternative meals were available should people choose not to have the meal arranged on the menu.

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

- There was a clear referral and admissions process in place which ensured that people received pre-admission assessments and effective person-centred support during transition between services. A relative told us, "[Person's name] is new here and settling in well. An assessment was carried out and they had overnight stays here first. Our loved one always wanted to come here".
- People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.
- People had profiles which gave an overview of important information which included; choices, needs and preferences.
- There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that improvements had been made in their training and supervisions. They felt supported received appropriate training and supervisions to enable them to fulfil their roles. Staff comments included; "We received a lot of training last year after the inspection which was good. we can ask for training if we feel we need it. My last training was autism which was interesting and helpful" and "I have done a lot of training. Recently a Speech and Language Therapist came and did specific training around a person's needs which was good". The registered manager told us that some staff had completed their National Diploma's in

Health and Social Care.

- The induction programme for new staff had improved with clear informative work books and comprehensive service inductions. These included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A new staff member told us, "Induction was very good. It involved going through the ethics here, a tour of the community and meeting people. People were also involved in my interview. I went through paperwork and completed shadow shifts".
- The registered manager told us staff received annual appraisals and regular 1:1 meetings. Supervisions had been shared with the house coordinators and registered manager.
- A relative said, "Staff come across professional and well trained. The manager does a good job with this". A professional told us, "I've no concerns about the level of training from what I've witnessed".

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's medical books which detailed the reason for the visit and outcome. Recent health visits included; a community learning disability nurse, GP and dentist.
- On day two of the inspection we observed a health professional attending a person's home as their health had declined.
- Staff told us they supported people to visit health professionals. Each person had a health action plan in their files which reflected the support they required to maintain good health and wellbeing.
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at Field Maple Tree were living with a learning disability or autism, which affected some people's ability to make some decisions about their care and support.
- Improvements had been made in mental capacity assessments and best interest paperwork. Assessed areas included; personal care, medicines and finance. A relative told us, "We are very much involved in best interest decisions. The service always involves us".
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Staff told us how they supported people to make decisions about their care and support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were kind and caring. Comments included; "Staff are really caring. [Person's name] can get anxious and need reassurance which they always get from staff", "Staff care for me and make sure I get everything I need" and "I love it here. Staff are really kind and care for me".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We read that one person was supported to their place of worship every Sunday.
- Training records showed that all staff had received training in equality and diversity.
- Compliments and thank you's had been collected by the service. We reviewed one from a relative which read; "Thank you [staff names]. We feel peace of mind and our concerns have been swept away by meeting face to face. It was lovely to see how settled [name] is in a calm and homely environment".

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

- Where people were unable to express their needs and choices verbally, staff understood their individual way of communicating. Staff observed body language and eye contact to interpret what people needed.
- People told us they were pleased with their care and that they felt involved in decisions. A relative told us, "I am able to make choices and decisions. They [staff] meet with me and ask questions. Information is made available to me".
- People were supported to make informed decisions by staff who knew people well. Staff told us that involving people and enabling them to express their views was important to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- Some people had expressed an interest in developing intimate relationships with others. Intimacy and relationships fall under the Equality and Human Rights Act's. The registered manager told us they were passionate not to see disability as a barrier and were keen to explore this and empower people to fulfil their needs safely.
- Promoting independence was important to staff and supported people to live fulfilled lives. People's comments included; "I like to be independent and also like some company. I like doing things for myself", "Building my independence skills is important to me and I am supported which is good. I'm working towards going into the community on my own" and "Independence is important to me. I'm very good at doing things myself".

- Outcomes which focused on independence and life skills had been broken down into steps for people to achieve. These were then supported by assessments and progress monitored with people themselves.
- People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. Comments' included; "Family visit me and I am supported to keep in contact with them. This is important to me", "[Person's name] comes and visits us at the family home and we can visit them whenever. Their brother also visits and they also video call each other" and "People are supported to develop and maintain good friendships and live happy lives".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A positive and inclusive culture was observed during the inspection. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. We read about one person who required a lot of 1:1 hours when they first arrived at Field Maple Tree. The progress made has now enabled him to go to workshops himself and travel on family holidays independently. On day one of the inspection this person was skiing with their family. The registered manager told us that they supported the person to the airport and saw them off and then the persons family met them the other side. We were told this worked well. We met with the person on day two. They told us that they had a lovely holiday and they found skiing easy.
- People and professionals were positive about the support and outcomes achieved by people with staff support. A person told us, "I have a copy of my support plan and I am happy with it. Staff meet with me and we talk about it. I am definitely involved". One professional said, "There are workshops which are really valuable and not usually available in these facilities. There are many longstanding members of staff which really helps with the continuity of care and building therapeutic relationships which lead to good outcomes".
- People's information and communication needs were identified and assessed by the service. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for people. For example, people had individual communication plans and grab sheets which were taken with them when visiting professionals or hospitals.
- Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities (when available), families and people where possible. On day one of the inspection the registered manager attended a person's review meeting with the person, family and social worker. A relative told us, "We attend review meetings and find these informative and positive".
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans.
- Staff considered how barriers due to disability impacted on people's ability to take part and enjoy activities open to everyone.

Improving care quality in response to complaints or concerns

- Complaints were seen as a positive way of improving current practice and driving the service forward. The registered manager said, "I actively encourage feedback and complaints".
- The service had a complaints system in place; this captured the nature of complaints, steps taken to

resolve these and the outcome. At the time of the inspection there were no live complaints. We read the most recent complaint on file and found that the local procedure had been followed and the issue resolved to the satisfaction of the complainant.

- People and relatives told us they knew how to raise concerns and make complaints. An easy read pictorial version of the local complaints procedure was available. A person said, "If I wasn't happy I would go to the manager. It would be listened to and sorted. I have no concerns it's a lovely place". A relative told us, "I have not had to make a complaint. I would contact the manager and office. I have confidence they would listen and act" a professional said, "I have never had to make a complaint the only thing that comes to mind was a small matter. I raised the issue with the senior managers and at the next staff meetings this was addressed and resolved".

End of life care and support

- One person was receiving end of life care at the service. We found that their care plan had clear information and guidance for staff. The service was working closely with the palliative and district nurse teams as well as the family.

- Other people's end of life wishes and preferences were being explored by the service. We found that the focus was around celebrating lives which kept peoples spirits high during this sensitive topic.

- Field Maple Tree had recently been delivering some end of life care planning and preparation sessions to people. People told us they were finding these informative. Discussion topics included; growing old, different places of burial and ways of celebrating lives. At a recent session we read that people had been encouraged to bring in memories of relatives and pets which had died, this had prompted discussion between people about feelings and wishes.

- People were being supported to complete end of life wishes booklets which were in a visual and easy read format. We read that one person liked the thought of having a tree planted in memory whilst another liked the idea of a bench with a plaque. Each session ended with tea and cake which people said they enjoyed.

Is the service well-led?

Our findings

At the last inspection in March 2017, we asked the provider to take action to make improvements in the quality and monitoring of the service. During this inspection we found improvements had been made.

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

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 had made positive improvements in the quality and monitoring of the service. Regular service checks had been completed and clear improvement plans had been put in place. The registered manager told us that these were proving to be effective and enabled them to have a clear oversight of the service.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received. The nominated individual completed annual visits.
- Managers and staff were clearer about their roles and responsibilities since the last inspection. Weekly staff meetings took place and registered managers at The Lantern Community came together twice a week to share improvements and learning. However, house coordinators had not had regular meetings with the registered manager since January 2019. The registered manager told us that a meeting had been arranged for the following week.
- Staff told us that although they felt valued and listened to by the management team they would appreciate seeing the registered manager more and being recognised for their work. Staff comments included; "I can understand the registered manager has been really busy but it would be nice to see them more", "[Registered manager name] gets things done but I don't always feel I can approach them. It would be good to see him like in staff meetings more" and "The registered manager is ok. I don't always feel supported though as we don't often see them". We discussed this feedback with the registered manager who told us that they would start to attend staff meetings, visit houses and engage in conversation with staff more.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The registered manager and the provider were reviewing how best they could further meet the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives were positive about the management of the Field Maple Tree. People's comments included; "I know [registered managers name]. It is good he has joined. We have good banter and share

some interests like music" and "I know [registered managers name] they are nice. I feel I can approach them and talk to them which is important to me". A relative told us, "We have no issues with the registered manager at all".

- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Working in partnership with others; Engaging and involving people using the service, the public and staff;

- Field Maple Tree worked in partnership with other agencies to provide good care and treatment to people. We were told that the service was currently working closely with the local learning disability teams and GP's to review people's needs in relation to medicines.
- Professionals fed back positively about partnership working with the home. One social care professional said, "We work well together".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. The registered manager said, "I feel I work well in partnership with others".
- People and relatives were actively engaged and involved in the service improvements and delivery. A relative said, "People are always included and listened to. They are empowered to make suggestions and decisions. This is really important and I am very impressed". Another relative told us, "We are part of the parent's forum. We feel involved in the development of the service. The nominated individual has done an excellent job keeping us informed".