

Maple Health UK Limited

Maple Manor

Inspection report

3 Amber Court
Berechurch Hall Road
Colchester
Essex
CO2 9GE

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26 October 2023
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Maple Manor is a residential care home providing the regulated activity of accommodation and personal care to up to 5 people. The service provides support to people who have a learning disability and autistic people. At the time of our inspection there were 5 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff did everything they could to avoid restraining people. People were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines to achieve the best possible health outcome.

Right Care

Some systems were not as robust as they could be to manage and mitigate risks relating to the service's fire arrangements. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff had training on how to recognise and report abuse and they knew how to apply this to their day-to-day work. The service had enough staff to meet people's needs and to keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and the risks posed.

Right Culture

Governance arrangements were effective at service level but not at provider level. The provider's arrangements and lack of oversight did not effectively monitor the quality of care provided to drive improvements. The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs but this oversight was lacking at provider level. The provider did not invest in staff by providing them with appropriate training to meet the needs of all people using the service.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity. The registered manager and team leader were visible in the service,

approachable and took a genuine interest in what people, staff, family, and other professionals had to say. Staff felt respected, supported, and valued by the registered manager and team leader.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good [Published September 2018].

Why we inspected

The inspection was prompted in part due to concerns received about the use of unauthorised restraint used at one of the provider's other services. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Maple Manor on our website at www.cqc.org.uk.

Enforcement [and Recommendations]

We have identified breaches in relation to the management of risks, including those related to the service's fire arrangements, and the provider's governance arrangements. We have made a recommendation about staff training.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the Local Authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Maple Manor

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors. A regulatory coordinator made telephone calls to people's relatives.

Service and service type

Maple Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maple

Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who use the service, asking them if they were happy living at the service and if they liked the staff who were supporting them. Where people were unable to talk with us, we observed people's interactions with staff. We spoke with the registered manager, team leader and 2 members of staff. We reviewed 4 people's care files and 3 staff personnel files relating to their recruitment. We looked at the provider's arrangements for managing risk and medicines management, staff training and supervision data. We also looked at the service's quality assurance arrangements, including the service's auditing arrangements and the provider's oversight of the service.

Following our visit to Maple Manor we spoke with 3 people's relatives about their experience of the service for their family member.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not ensure there were sufficient fire marshals on duty at each shift to evacuate people safely in case of a fire emergency. Manager meeting minutes dated July 2023, referred to fire marshal training being required at Maple Manor. Staff confirmed 2 members of staff were to receive this training in November 2023, 4 months after first being identified. However, this still meant not all shifts would have a fire marshal on duty.
- People's Personal Emergency Evacuation Plan [PEEP] lacked sufficient detail relating to people's anxious and distressed behaviours and the impact this may have when supporting each person to safely leave the building in the event of a fire emergency. Fire drills for June 2023 to August 2023 recorded 1 person regularly refused to leave the service, but this was not recorded on the PEEP. No information was recorded of the potential impact of sedative medicines on people or that people's 1 to 1 staffing allocation during the day was significantly reduced at night. The PEEP is a bespoke plan for people who may have difficulties evacuating to a place of safety without support or assistance from others.

Although no one was harmed, systems were either not in place or robust enough to manage and mitigate risks relating to the service's fire arrangements. This placed people at potential risk of harm. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The provider assessed risks to ensure people's care and support was safe. Staff took action to mitigate any identified risks.
- Risks to people's safety and wellbeing were assessed and recorded. These identified how risks to people's safety and wellbeing were to be reduced and the actions required by staff to keep people safe. Staff were aware of the risks posed to people's wellbeing and how to manage them. For example, risks were identified where people required support to access the kitchen, were at risk of leaving the building alone and the risks posed relating to specific healthcare conditions.
- Information identified people who could become anxious and distressed; and potential factors which could cause them to express those feelings in a way which might be unsafe to themselves or others. Robust risk management strategies were in place to enable staff to support the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff demonstrated a good understanding and knowledge of the risk management strategies in place, to ensure theirs and others safety and wellbeing.

Learning lessons when things go wrong

- The provider did not always learn lessons when things had gone wrong. There was a lack of urgency by the provider to address recommendations from external organisations and other issues in a timely manner. For example, the manager's meeting minutes for July 2023 recorded fire marshal and physical restraint training was discussed and should be booked. However, fire marshal training was not booked to be completed until November 2023 and training relating to physical restraint was to be completed in December 2023, 4 and 5 months after first being highlighted.
- Visits to Maple Manor by the provider had failed to identify where improvements were needed as highlighted during this inspection.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Relatives confirmed they had no concerns about their family member's safety.
- Incidents and safeguarding concerns were robustly examined and investigated by the registered manager to monitor themes and trends and to ensure lessons were learned.
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff available to meet people's needs. This included where people were allocated 1 to 1 staff for specific hours throughout the day and night. During the inspection we found staffing levels were appropriate to support people with both 'in-house' and community-based activities. A relative told us, "Staffing levels are adequate, the service manages well when staff are off sick or on annual leave. There are regular staff at Maple Manor." Another relative told us, "The staffing levels are just fine."
- The provider operated safe recruitment processes. Appropriate checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- Accurate medicine records were maintained, and Medication Administration Records [MAR] demonstrated people received their medicines as they should and in line with the prescriber's instructions. Relatives told us, "Medicines for [name of family member] are given on time" and, "There have been no problems with [name of family member] medicines. They are always given in a timely manner."
- Appropriate arrangements were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines and in line with the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both).
- The medicine rounds were evenly spaced out throughout the day to ensure people did not receive their medicine too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Where medicine errors had occurred at the service, these were investigated with appropriate actions taken to minimise the risk of reoccurrence.
- Staff who administered medicines were trained and had their competency assessed to ensure they remained competent to undertake this task safely. However, staff who checked staff member's competencies had not received a higher level of medicines management training or completed a 'train the trainer' course. This was discussed with the registered manager, who said they would make the necessary

improvements following further discussion with the provider.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using Personal Protective Equipment [PPE] effectively and safely. Staff confirmed they had enough supplies of PPE at all times. Staff were observed to put on, take off and dispose of used PPE in line with guidance.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The service was seen to be visibly clean. A relative told us, "The home is always clean, and I have seen staff wear PPE."

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- People were supported and encouraged to have visits and overnight stays with family members.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not always make sure staff had the skills, knowledge, and experience to deliver effective care and support. Although staff had received eLearning training relating to learning disability and autism, the provider did not ensure staff employed at Maple Manor had completed the Oliver McGowan training on Learning Disability and Autism. This legal requirement was introduced on 1 July 2022, requiring all registered social care providers to ensure staff received this specific training.
- Although no people using the service had required physical restraint to be used by staff when exhibiting anxiety or distressed behaviours, the provider had not supported staff to receive 'practical' training in physical restraint. The registered manager and team leader confirmed this training was now scheduled for December 2023, following the Care Quality Commissions intervention.
- Staff training showed not all training was in date and refresher training in some key areas was required. For example, appointed first aid, food hygiene, fire safety, Mental Capacity Act 2005, and Deprivation of Liberty Safeguards, learning disability and autism. Staff had completed training relating to the administration of a specific medicine to be given in an emergency to aid and stop seizures. However, staff's competency for the use of this medicine had not been assessed to ensure staff were competent and their practice safe.

We recommend the provider seeks advice and guidance to ensure all staff are provided with appropriate training in a timely manner.

- All newly employed staff received a robust induction, including completion of the Care Certificate. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff received formal supervision at regular intervals. Staff told us they felt supported and valued by the registered manager and team leader. Comments included, "The manager is very supportive" and, "I do feel supported by [Name of registered manager], I know I can go to them at any time."

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

- People's needs were assessed, and care and support were delivered in line with current standards to achieve effective outcomes.

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

- People were supported to eat and drink enough to maintain a balanced diet. Information showed people received a varied diet throughout the day to meet their needs. Efforts were made by staff to ensure people

received a balanced diet, combining healthy eating and having snacks.

- People were supported by staff to go food shopping each week. Where appropriate they were encouraged and supported to participate in food preparation. A relative told us, "[Name of family member] is involved with shopping and assists with food preparation. [Name of family member] enjoys the meals. I feel the meals provided are nutritious." Another relative stated, "[Name of family member] likes to go out to eat. They help staff prepare food and they like to participate in home baking. They do not like to go food shopping." On the day of inspection people were supported to go out for breakfast and/or lunch.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for advice and support.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support, and treatment. People were supported to live healthier lives, access healthcare services and support as needed.
- Staff worked well with other organisations to ensure they delivered good joined-up care and support. People's healthcare needs were met, and they received appropriate support from staff to maintain their healthcare needs. Records demonstrated people were supported to attend medical appointments, for example, to the GP, hospital, consultant psychiatrist and other healthcare services. Relatives confirmed they were kept up to date about their family member's healthcare needs, appointments, and outcomes. A relative told us, "They [staff] are very good at letting you know about any issues with my family member."
- Care records showed people's healthcare needs were recorded, including evidence of the support provided by staff and the outcomes of healthcare appointments. Each person had a hospital passport. If people are admitted to hospital this document is used to provide hospital staff with important information about the person.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design, and decoration of the premises.
- People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them.
- People had access to comfortable communal facilities, comprising of a large lounge/dining area.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards [DoLS].
- Staff ensured consent was always sought and people were involved in making decisions about their care so that their rights were upheld.
- Information available showed that each person who used the service had had their capacity to make

decisions assessed. However, where best interest decisions were made, information relating to who had been involved and consulted in the decision-making process was not recorded. This was discussed with the registered manager, who said they would make the necessary improvements.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider's arrangements did not effectively monitor the quality of care provided to drive improvements and there was a lack of effective oversight by them of Maple Manor.
- The provider held meetings with their manager's. However, minutes of these meetings were not shared with the registered managers in a timely way and actions highlighted were not routinely followed up and addressed. For example, the meeting minutes for July 2023 stated the provider would "look into" the managers within the organisation receiving supervision. To date the registered manager had not received formal supervision since being employed at the service or an annual appraisal of their overall performance. Meeting minutes were only forwarded to managers as a result of inspections completed to all of the provider's services.
- The provider failed to understand their legal responsibility to keep people safe from the potential risk of harm. For example, ensuring all staff employed at the service had completed all required training, including making sure there were sufficient fire marshals and designated first aiders on each shift and that the fire arrangements at the service were reliable.

The provider did not have sufficient oversight of what was happening at the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- There was a positive and open culture at the service. The registered manager had systems in place to provide person-centred care that achieved good outcomes for people. People's needs and wishes were at the heart of everything staff did.
- The registered manager's quality assurance arrangements monitored the experience of people being supported through their internal auditing processes. This information was used to help the management team to drive improvement, including the monitoring of trends and lessons learned each month.
- Suitable arrangements were in place to examine and analyse key data relating to falls, accident and incidents, weight monitoring, infections, and pressure area care.
- Relatives were complimentary regarding how Maple Manor was managed and run. Comments included, "The service is extremely well managed, and I have a good relationship with them. They [staff] are exceptional. There is a good family atmosphere, we are like a proper family home. I feel lucky that [family member] is there. They have a very good quality of life."

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 registered manager understood their responsibilities under the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm or where concerns were raised. Systems were in place to investigate incidents, accidents, and complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the importance of their role and responsibilities. The registered manager managed both Maple Manor and another of the provider's services, dividing their time equally between both. Managing both services did not have a detrimental impact on the care and support provided for people using the service.
- They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- Relatives were complimentary regarding the management team of the service. Comments included, "The manager and team leader are very good. Staff are proactive and I would recommend Maple Manor to others."
- Although we had no concerns about the care and support people received, staff were not aware of the 'Right support, right care and right culture' terminology which should underpin their day to day working practices. An assurance was provided by the registered manager that this would be addressed going forward.

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics. The views of people using the service and their relatives had been sought in November 2022. The views of visiting professionals and staff had been obtained. All comments recorded were positive.
- Relatives told us communication with the service was good. Relatives told us staff knew how to effectively communicate with their family member, for example, using pictorial formats, symbols, Makaton, and Picture Exchange Communication System [PECS]. Makaton is a communication method that uses spoken language, signs, and symbols to help people communicate. PECS is a language for autistic people, using cards, pictures, symbols, words and/or photographs. A relative told us, "The staff understand family member very well."
- Staff meetings were held each month to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Newsletters were compiled providing information to people, relatives, and staff about what was happening at the service.

Working in partnership with others

- The provider worked in partnership with others, for example, the Local Authority, healthcare professionals and services to support care provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although no one was harmed, systems were either not in place or robust enough to manage and mitigate risks relating to the service's fire arrangements. This placed people at potential risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have sufficient oversight of what was happening at the service.</p>