

Maple Health UK Limited

Maple Manor

Inspection report

3 Amber Court
Berechurch Hall Road
Colchester
Essex
CO2 9GE

Date of inspection visit:
12 November 2019

Date of publication:
28 November 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Maple Manor is a residential care home that provides accommodation and personal care support for up to five people who have a learning disability and or autistic spectrum disorder. At the time of our inspection there were five people living at the service. Accommodation is provided within a purpose-built bungalow located within a residential community setting.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being. There was enough staff to keep people safe and provide them with one to one support. Risks to people health and wellbeing were assessed and mitigated. People's medicines were managed safely.

Staff had access to relevant face to face training and regular supervision to equip them with the knowledge and skills they needed to fulfil their roles and meet people's needs.

Nutritional needs were met, and people were supported to access healthcare services if they needed them. People's health care needs were closely monitored and any changes to their health and wellbeing was responded to in a timely manner. Specialist advice and support was sought in planning to meet the needs of people who presented in a distressed manner which presented a risk to themselves and others.

Staff knew people well, passionate about providing personalised care and treated people with dignity and respect. 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 demonstrated a good understanding of the people living at the service and created opportunities for maximising their independence and life skills. Staff worked in partnership with other social care and health care professionals to ensure people received the support they needed.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We recommended further work be carried out to ascertain people's needs and wishes in the event of sudden death or should there be a need for palliative care support.

The registered manager had a range of systems in place to monitor the quality and safety of the service and these were reviewed on a regular basis.

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 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 Care Act 2014.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Maple Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

This inspection was unannounced.

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 and 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

People using the service had complex needs with limited verbal communication skills which meant that they could not readily tell us about their experiences of using the service. During the inspection we observed

care and support provided to people. We spoke with the registered manager, team leader and four care staff. We reviewed three people's care records, two staff recruitment files, assessed the management of people's medicines and reviewed quality and safety audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were personalised to each individual. Plans included how to protect people from self-harm and encourage positive risk taking, enabling people to live life to the full.
- Behavioural management strategies had been developed following guidance and support from specialists. Staff were provided with guidance in steps they should take to keep people safe. This included guidance where people may present with distressed behaviours which would present a risk to themselves or others.
- Staff received first aid and fire awareness training, so they could support people safely in an emergency.
- There was out of hours rota for emergency contact should staff need additional support for advice or in a crisis.
- Environmental risk assessments had been carried out with health and safety checks completed on a regular basis.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse
- Staff were provided with training in recognising the signs of abuse and were confident to identify and report any safeguarding issues if needed.
- Safeguarding was a discussion item at team meetings and staff one to one supervisions.
- The registered manager demonstrated their understanding of how to raise safeguarding concerns appropriately in line with the provider's policy and local authority protocols.
- Where concerns had been raised the service worked in partnership with health and social care professionals to ensure people's safety.

Staffing and recruitment

- People received care and support from a stable staff team.
- There continued to be enough staff to meet people's needs. In accordance with people's assessed needs, staff were deployed to ensure personalised, one to one care and support.
- Comprehensive safety checks had been carried out on staff before they started work. These included checks on their qualifications and experience, reviews of their employment history, obtaining previous employer references, criminal records, and proof of identification.

Using medicines safely

- Processes were in place for the safe keeping, timely ordering and supply of medicines. Staff completed training to administer medicines and their competency was checked regularly.

- Staff had guidance about people's preferences of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'.
- The service applied the principles of STOMP which aims to stop the overuse of anti-psychotic medication for people with learning disabilities or mental health conditions.

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff received training to prevent and control the spread of infection and demonstrated a good understanding of best practice guidance.
- Staff were provided with protective equipment such as disposable aprons and gloves and were seen to use these when required.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Incidents and accidents were recorded including an overview of actions. Incidents were monitored and analysed by the registered manager to identify trends and patterns. Action plans were implemented to inform staff practice in avoiding a reoccurrence and keep people safe.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- There had been no new admissions since the previous inspection. The service had an assessment process in place to identify people's needs before they started using the service. This helped to ensure people's needs and expectations could be met.
- Care support was regularly reviewed and planned with a strong focus on supporting people's independence, so each person had goals to aspire to and improve their quality of life. For example, supporting people to go on personalised holidays, to take part in community activities of their own choice, develop important relationships and life skills.
- Staff worked in accordance with care plans to make sure people received care and assistance which met their individual needs. One member of staff told us, "The care plans are living documents, we all get involved with person to review them regularly. There is good communication here and If anything changes we all get to hear about it."

Staff support: induction, training, skills and experience

- Staff were positive about the training and support they received. Training was provided face to face by qualified trainers. Training provided staff with the skills and knowledge they needed to meet people's needs. For example, autism awareness, epilepsy management and administration of medicines.
- Recently employed staff told us they had received a comprehensive induction training programme and provided with sufficient shadowing shifts with more experienced staff.
- Staff continued to receive support with regular one to one and team meetings as well as annual appraisal. This meant there were systems in place to enable staff to review their performance and plan for their training and development needs.

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

- People had their nutritional needs assessed and met.
- People had access to a healthy and varied diet. Fresh, homely cooked food was provided in accordance with people's choices.
- Weekly menus were personalised and planned with the involvement of each person using pictorial communication aids.
- We observed people involved in the preparation and cooking of meals which they clearly enjoyed.
- Where people had food allergies, required a specific diet food information was clearly recorded in their care plans and well known by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to make sure people's needs were met. For example, speech and language specialists, behavioural support teams, learning disability community nurses and GP's.
- People had access to health and social care professionals according to their individual needs.
- Each person had a health action plan and a hospital passport. This helped to make sure other professionals would have the information they required if the person was admitted to hospital.
- People were supported to maintain good oral hygiene. Oral health care needs had been assessed and care plans provided comprehensive detail to guide staff in how to support each person, including the equipment people preferred.
- People attended regular dental and health checks to ensure their healthcare needs were being monitored.

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

- The environment was purpose built and well laid out with sufficient communal space to meet people's needs.
- All rooms had en-suite facilities.
- People's bedrooms were decorated to reflect their personal preferences and personalities in terms of colour and design.

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. 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a detailed understanding of the MCA and understood their responsibility in terms of how this legislation was applied.
- Care plans contained clear information regarding people's capacity to make decisions about their care.
- Staff had received training in understanding their roles and responsibilities in relation to the MCA.
- Where people's freedom of movement was restricted to protect them from the risk of harm, legal authorisation had been obtained.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff used appropriate tone of voice when talking with people and clearly understood people's individual communication needs.
- Staff spoke kindly and passionately about providing high standards of care. We observed staff support people as individuals and respected their individual needs and choices.
- People's care records provided information as to their needs, reflective of their personal histories and backgrounds. This included information to meet people's diverse and cultural needs.
- The registered manager was confident any needs associated with people's protected characteristics would be met. Policies were in place that highlighted to staff the importance of not discriminating against people and treating them equally. Staff received equality and diversity training to raise awareness.

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

- People were supported to express their views and choices as to their daily routines and decisions about their care and support. Regular meetings took place with people and their keyworkers where they were supported to review their care plan and make their wishes known as to how their care and treatment was provided.
- One person had a notice board where they wrote daily what they wanted to do and express how they were feeling. We noted the person had recorded on the day of our visit they were 'Happy'. They also listed the activities they wished to do, and staff provided support according to their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Everyone had a single bedroom with en-suite facilities where they were supported with personal care in private.
- There were areas for people to socialise if they wished to, and able to have their private space if they wished. Care plans described how people would express a wish to be alone and staff described how they respected people's personal space and belongings.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.
- People's care plans were personalised and written with people's input as much as possible and reviewed with them monthly.

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 had been assessed. Where needed, staff accessed specialist support and advice from occupational therapists and speech and language therapists to enable people to express their needs and wishes.
- The registered manager and staff had been creative in ensuring all the information available to people about the service was fully accessible to them and in formats such as words and pictures to help them fully understand the meaning of the information.
- People with limited verbal communication skills were supported to express their needs and choices through a variety of communication tools such as; objects of reference and the 'Picture Exchange Communication System' (PECS). This enabled people to communicate using objects, pictures and symbols.

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 lead fulfilling and active lives and were supported to engage as full citizens within the local and wider community. They were able to be flexible and chose what they wanted to do on a day to day basis.
- People had access to a wide range of personalised activities and were supported to follow their own hobbies and interests. Staff continually looked for creative ways to enable people to access community opportunities and learn new skills. One person enjoyed volunteering at a local gardening project and another helping at a local café.
- Care plans described how staff would support people to maintain relationships important to them. Staff supported people to remember friends and family birthdays and other special celebrations.
- People had close links with family and this was supported by staff. Family were able to visit as and when

they wished. People were also supported to access regular visits to family.

- One person had been supported by staff to attend a family wedding.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints. Complaints were recorded and responded to in line with the organisations policies and procedures.
- People and their representatives were provided with opportunities to attend regular reviews of their care. This system enabled people's care to be reviewed and any concerns to be discussed. Issues raised which required action had been recorded into action plans with a description of actions taken.
- Annual satisfaction surveys were carried out with people who used the service and sent to staff and relatives. Responses received had been analysed and action plans put in place in response.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care. All people using the service were young.

We recommend further work be carried out to ascertain people's needs and wishes in the event of sudden death or should there be a need for palliative care support.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had created an open culture and demonstrated along with the staff a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did.
- People's wishes were highly respected, and care was arranged around people's preferences and needs. One staff member told us, " I love working here. This is a great place for the people who live here, they are such a joy to work with. They enjoy lots of activities which are of their choosing. We try and make it homely, and a nice place to live in."
- The registered manager kept up to date with best practice guidance to drive improvement in the quality of care for people who used the service. For example, recent good practice guidance had been put into practice in the assessment and care of people's oral health.
- There were policies, procedures and training in place which centred around the duty of candour responsibility if something was to go wrong. We saw the registered manager contacted families and other professionals and had notified CQC of any incidents they were required to tell us about.

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

- The registered manager had a visible daily presence in the service and led very much by example. They presented as open and transparent throughout our inspection demonstrating a commitment to provide person-centred, high-quality care.
- One member of staff said, "We all work well together here, as a team with the management. Any difficulties we work through them. There is good communication with meetings such as handover, keyworker, communication books. We have good relationships with families we honour their birthdays which is important for the people who live here."
- The registered manager had a system for monitoring the quality and safety of the service.

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

- Satisfaction surveys were carried out with people who used the service as well as relatives and stakeholders. Comments received were positive.
- Comments from relative's in survey responses included, "The home is always clean and nicely decorated.

We are very happy with the care provided", "Staff are always friendly and helpful", "[Person's relative] does lots of activities that we would find hard to do with them." And, "I feel I am always listened to. We are very happy."

Continuous learning and improving care

- The registered manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it. One member of staff told us, "I love it here. We work well as a team to benefit people who live here, it is their home after all."
- The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and used this to continuously improve the service.

Working in partnership with others

- The service continued to work proactively in partnership with other organisations which ensured they followed current legislation and good practice and provide a quality service to help keep the people they supported safe.
- Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence.
- Staff and the management team worked well with other social and healthcare professionals as well as community groups to access opportunities for people to engage in volunteer work such as gardening and catering.