

Evergreen Partnership

Maple House

Inspection report

Woodmansterne Lane
Wallington
Surrey
SM6 0SU

Tel: 02082549403

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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

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Maple House is a residential care home providing personal care to 3 people at the time of the inspection. The service can support up to 4 people.

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

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 focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People were able to personalise their rooms. Staff helped people access specialist healthcare support in the community. They supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines to achieve the best possible health outcome and helped people to play an active role in maintaining their own health and wellbeing.

Right Care:

Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff to meet people's needs and keep them safe. People could understand information given to them because staff supported them consistently and understood their individual communication needs. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People took part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. They received good quality care and support because staff were well trained and could meet their needs. Staff understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant

people received compassionate and empowering care that was tailored to their needs. There had been a recent turnover in staff at the service. The registered manager was undertaking weekly quality checks to make sure people received consistent care from staff. Staff knew and understood people well. They placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 2 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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?

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 House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Maple House 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 House 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last 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 4 relatives of people using the service. We obtained feedback from 2 healthcare professionals that worked closely with the home. We observed interactions between people and staff to help us understand the experience of people who could not speak with us. We spoke with the registered manager, 2 senior care support workers and 1 care support worker. We reviewed a range of records. This included 2 people's care records, records relating to medicines management, staff files, staff training and supervision information and other records relating to the management of the service.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us, "I would report any abuse straight away."
- People were comfortable and at ease with each other and with the staff team supporting them. A relative told us, "[Family member] has their favourite staff and they are always excited to see them." Another relative said, "I think [family member] is safe there. I never see any resistance or signs of [family member] not wanting to be there."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care plans contained information for staff about the actions they should take to keep people safe, and staff understood the support people required to reduce the risk of injury or harm. A relative told us, "I feel comfortable that [family member] is safe with [care support worker] and they keep [family member] safe." A staff member said, "We are here to look after people and prevent them from being hurt."
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk.

Staffing and recruitment

- The service had enough staff, including for one-to-one support, for people to take part in activities and visits how and when they wanted. The numbers and skills of staff matched the needs of people using the service.
- Relatives told us they had no concerns about staffing levels at the service. However, they said there had been some recent turnover of staff at the service and they had some concerns about the impact of this on the continuity of care provided.
- We discussed this with the registered manager who acknowledged relatives' concerns and told us they were undertaking weekly monitoring of the care and support provided to people to make sure this was in line with peoples' needs.
- People's care records contained a summary profile with essential information to ensure that new or temporary staff could see quickly how best to support them.

- Staff recruitment and induction training processes promoted safety.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The service worked with the relevant prescribers to make sure people's medicines were reviewed in line with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- The registered manager audited medicines stock and records weekly and checked staff were managing and administering medicines safely.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The premises was clean and hygienic and the service had good arrangements in place to make sure they remained so.
- Staff used personal protective equipment (PPE) effectively and safely, when required.
- The service knew how to respond to risks and signs of infection and how to make sure infection outbreaks at the service would be effectively prevented or managed.
- The service's infection prevention and control policy was up to date.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The service made sure visiting arrangements were in line with government guidance. A relative told us, "I can visit any time I want to."

Learning lessons when things go wrong

- Incidents affecting people's safety were managed well.
- Staff raised concerns and recorded incidents and this helped keep people safe.
- The registered manager investigated incidents and shared lessons learned, to help staff improve the quality and safety of the support provided. The registered manager gave a recent example of this for one person, where, after an incident, learning was shared with staff to improve the support provided to the person to reduce the risk of this incident happening again.

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 for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including their physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools, positive behavior support and human rights.
- Staff updated their training and attended refresher courses when required, which helped them continuously apply best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A staff member told us, "I have supervision meetings with [registered manager] and I'm having a meeting soon. You can express yourself and it's just the two of you."

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. A relative told us, "[Family member's] on a good diet there...[family member] eats so much better and looks so much better."
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People had health actions plans which were used by healthcare professionals to support them in the way they needed.
- People were supported to attend health checks, screening and primary care services.
- People were referred to healthcare professionals to support their wellbeing and help them to live healthy lives. A healthcare professional told us, "The manager has made a couple of appropriate referrals to our

team for support around eating and drinking. His motivation was to make sure people were on the right consistencies and to ensure they weren't missing out on favourite foods."

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The design, layout and furnishings in people's rooms, supported their individual needs.

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 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Where applications had been made to deprive people using the service of their liberty, these had been authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations.

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 our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. 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

- People received kind, compassionate care from staff who used positive, respectful language which people understood and responded well to. A relative told us, "I have met [care support worker] and she is very caring and kind to [family member]." Another relative said, "[Care support worker] is very good. I speak very highly of her and I have so much praise for her. I think the staff are very nice and caring." A healthcare professional told us, "All the interactions I have seen have been appropriate and caring."
- Staff members showed warmth and respect when interacting with people. Staff were friendly and cheerful and there was genuine warmth and kindness when people and staff were interacting with each other.
- Staff were patient and used appropriate styles of interaction with people. Staff offered people choice and gave them time to make a decision. People were not hurried and could do things at their own pace.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. A staff member told us, "I look out for things that might be making people anxious, so I can do something positive [to support them]."

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- People, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported people to express their views using their preferred method of communication. They took time to understand people's individual communication styles and develop a rapport with them.
- Staff respected people's choices and wherever possible, accommodated their wishes. This included those relevant to protected characteristics, for example due to cultural or religious preferences.
- Staff supported people to maintain links with those that are important to them. Staff made sure people remained in contact with family and friends through, for example, visits to the service and visits home.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills, gain confidence and independence.
- Staff prompted people to do as much as they could and wanted to do for themselves. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves safely. A staff member told us, "When I support [person using the service] to get dressed I give them a choice of clothes to pick from and try and support them to do as much of this as possible."

- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people through recognised models of care and support for people with a learning disability or autistic people.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff were able to explain their role in respect of individual people without having to refer to documentation because they knew them, their needs and their preferences, well. A relative told us, "[Family member] likes their routines and [staff] know this and make sure they do what [family member] wants."
- Staff offered choices tailored to individual people using a communication method appropriate to that person. A staff member told us, "[Person using the service] will indicate through physical signs if they might want to go out. We show pictures of activities to [person using the service] to help them choose what they want."
- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people.
- The service met the needs of people using the service, including those with needs related to protected characteristics. A staff member told us, "I enjoy the differences in people. I learn new things about people and I like spending time with people."

Support to follow interests and to take part in activities that are socially and culturally relevant to them; supporting people to develop and maintain relationships to avoid social isolation

- People were supported to participate in their chosen social and leisure interests on a regular basis. A relative told us, "[Registered manager] understands what [family member] likes and he is trying to plan these activities for them." Another relative said, "[Care support worker] takes people out every day. They always make sure people are doing something." A staff member told us, "I spend time with people and always organise activities and we go out as well. I make sure [people] are doing things and staying busy."
- Staff were committed to encouraging people to explore new social, leisure and recreational interests. The registered manager told us, "We are trying to expand the activities we offer here and have introduced new things like flower arranging which has gone down well. We also did pizza making...and we had an evening where we made mocktails. We are going to do a cheese and wine evening soon, which we want to invite family members to."
- People were supported to make and maintain relationships with others and to spend quality time with their relatives. A relative told us, "What I like about the home is you can turn up and go and make a cup of tea and make one for [family member] and we sit down and it's homely. It's an open house."
- There were social events at the service to celebrate special occasions and relatives were invited to take part. The service had recently held a summer BBQ which all relatives had been invited to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. There were visual structures, including use of gestures and pictures which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that detailed their preferred methods of communication, including the approach to use for different situations.
- Staff understood people's individual communication needs and knew how to facilitate communication and when people were trying to tell them something.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative told us, "What I like about there is, if I see something that concerns me, I can ask them and I will get an explanation. They do listen to me if I raise any queries."
- The service had systems in place to deal with concerns and complaints, investigate them, learn lessons from the results and to share learning with the whole team and the wider service.

End of life care and support

- None of the people using the service at the time of this inspection were in receipt of end of life care and support.
- There were systems in place to obtain and record people's wishes for the support they wanted to receive at the end of their life. This would help ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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 for this key question has remained good. 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

- The registered manager worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A staff member told us, "[People using the service] are what motivates me. It makes me feel good. They are like my friends and I enjoy working with them."
- The registered manager worked directly with people and led by example. A staff member told us, "[Registered manager] doesn't hide away and is always involved and gets involved."
- The registered manager was accessible and approachable and took a genuine interest in what people, staff, family, and healthcare professionals had to say. A relative told us, "If we tell [registered manager] something he always listens and tries to improve things."
- Staff felt respected, supported and valued which promoted a positive and improvement-driven culture. They felt able to raise concerns without fear of what might happen as a result. A staff member told us, "If I ever need to talk to [registered manager] I can approach him...he has an open door policy." Another staff member said, "If there is an issue I would go to the manager. [Registered manager] is lovely. He always makes us laugh. He is a lovely person. He always explains things clearly to you. It's a good relationship."
- Management and staff put people's needs and wishes at the heart of everything they did. A staff member told us, "I have a love for caring for people. It's a pleasure to work for people here. We have to give them the best care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 the skills, knowledge and experience to perform their role, a clear understanding of people's needs and good oversight of the service.
- The registered manager understood and demonstrated compliance with regulatory requirements and best practice.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff delivered good quality support to people. A relative told us, "I can't complain because [family member] really likes it there. I know [family member] is very happy there." Another relative said, "[Family member] is happy there...I feel confident and overall happy." Another relative told us, "I feel quite happy with things at this time." A healthcare professional said, "From what I have seen and heard [people using the

service] appear well cared for and look well presented."

- The service had systems in place to apologise to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; working in partnership with others

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service.
- The registered manager kept up to date with national policy and attended local care forums with other care providers, to help inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements. The registered manager told us the provider was planning on making improvements to the environment by installing new windows and updating one of the bathrooms at the service to make this a wet room.
- The service worked well in partnership with other healthcare professionals. Staff listened to feedback from healthcare professionals and acted on their recommendations to help people achieve positive outcomes and improve the quality of their life.