

# Evergreen Partnership Maple House

## Inspection report

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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

This inspection took place on 8 March 2016 and was unannounced. At the last inspection in April 2014 we found the service was meeting the regulations we looked at.

Maple House is a small home which provides care and accommodation for up to four adults. The service specialises in supporting people with learning disabilities. At the time of our inspection there were three people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and relatives we spoke to said people were safe at Maple House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and when to report their concerns if they suspected someone was at risk of abuse. There were procedures in place for staff to follow to ensure concerns were reported to the appropriate person. They had also received training to ensure people were protected from discriminatory behaviour and practices that could cause them harm.

Where risks to people had been identified because of their specific needs, there was guidance for staff on how to minimise these in order to keep people safe from injury or harm in the home and community. Regular maintenance and service checks were carried out at the home to ensure the environment and equipment was safe. Staff kept the home free of trip hazards so that people could move safely around.

There were enough suitable staff to care for and support people. The provider had carried out appropriate checks to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. Staff felt well supported by the registered manager and were provided with opportunities to share their views about people's experiences could be improved. Staff had a good understanding and awareness of people's needs and how these should be met. The way they supported people during the inspection was kind, caring, and respectful.

People were supported to keep healthy and well. Staff ensured people were able to promptly access other healthcare services when this was needed. People were encouraged to drink and eat sufficient amounts to meet their needs. Their food and fluid intake was regularly monitored to ensure they were eating and drinking enough. Where people had specific dietary needs staff accessed good practice research and guidance to ensure people received the support needed to maintain a healthy diet and lifestyle. People received their medicines as prescribed. These were stored safely.

Support plans had been developed for each person which reflected their specific needs and preferences for

how they were cared for and supported. Support plans provided staff with guidance and information they needed to ensure people's needs were met. People were appropriately supported by staff to make decisions about their care and support needs. These were discussed and reviewed with them regularly. People and their relatives were satisfied with the support people received. People were confident raising any concerns or issues they had with staff. There were arrangements in place to deal with people's complaints, appropriately.

People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. People were encouraged to be as independent as they could be in the home and community. Staff only stepped in when people could not manage tasks safely and without their support. The home was open and welcoming to visitors.

People and relatives spoke positively about the management of the home. The registered manager demonstrated good leadership. They ensured people and staff's views were sought about how the service could be improved. They regularly checked that staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs.

The provider and registered manager carried out checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. The registered manager took appropriate action to make changes and improvements when this was needed.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training to understand when an application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected. Staff were also trained to protect people from discriminatory behaviour and practices.

There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Good ●

### Is the service effective?

The service was effective. Staff received training and support from senior staff to ensure they could meet people's needs.

Staff knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. Procedures were in place to ensure when complex decisions had to be made staff involved relatives and health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

Good ●

### Is the service caring?

The service was caring. People said staff were kind, caring and respectful. Staff knew people well and what was important to them.

People were supported to express their views in a way that suited them. Staff used various methods to ensure people could state their wishes and choices and these were respected.

Good ●

Staff respected people's dignity and right to privacy. People were supported by staff to be as independent as they could and wanted to be.

### **Is the service responsive?**

**Good** ●

The service was responsive. People's needs were assessed and support plans were in place which set out how these should be met by staff. Support plans reflected people's individual choices and preferences for how they received care and support. These were reviewed regularly to identify any changes that may have been needed to the support people received.

People were supported to live an active life in the home and community. They were encouraged to maintain relationships with the people that were important to them.

People told us they were comfortable raising issues and concerns with staff. The provider had appropriate arrangements in place to deal with any concerns or complaints people had.

### **Is the service well-led?**

**Good** ●

The service was well led. There was an open and transparent culture in which people and staff's views about how the service could be improved were sought.

The registered manager demonstrated good leadership. They had a good understanding and awareness of their role and responsibilities. They ensured staff were clear about their duty to provide good quality care to the people they supported.

The provider and registered manager carried out regular checks to monitor the safety and quality of the service.

# Maple House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 March 2016 and was unannounced. The inspection team consisted of a single inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information about the service such as notifications about events or incidents that have occurred, which they are required to submit to CQC.

During our inspection some of the people using the service were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were able to speak to one person using the service. We also spoke to the registered manager and two care support workers. We looked at records which included three people's care records, four staff files and other records relating to the management of the service.

After the visit we spoke to four relatives of people living at Maple House who shared their views and experiences of the service.

## Is the service safe?

### Our findings

People and relatives said people were safe at Maple House. One person said, "I never feel scared. I like the staff." A relative told us, "I feel [family member] is safe there. I don't feel worried about them being there." Staff had received training in safeguarding adults at risk. They told us this helped them to look for and recognise signs that could indicate that someone was at risk of abuse. Staff told us the actions they would take to protect people if they suspected they were at risk. These were in line with the provider's procedures which ensured that the relevant authorities would be notified immediately so that people could be sufficiently protected. Staff also told us they could anonymously report any concerns they had and would follow the provider's whistleblowing policy to do so. Relevant contact numbers for staff to report their concerns were displayed in the main office so these were easily accessible.

Staff had also received training in 'diversity and equality'. This gave staff guidance on how to ensure people were protected from the risk of harm from discriminatory behaviours or practices displayed by others. A relative told us, "They don't treat one [person] better than others." A staff member said, "Just because people here might have a disability that doesn't mean they can't enjoy life in the same way you and I can. My job is to make sure they can and do take part in anything they want to."

People were supported by staff that had good insight and access to information about how to minimise known risks of injury or harm to them. One person we spoke to had been involved and well informed by staff about the specific risks posed to them by their diet. They said "I've got to be careful about what I eat. They tell you what you should or shouldn't eat and get me special food." Records showed staff assessed how people's specific circumstances and needs could put them at risk of injury and harm in the home and community. Using information from these assessments, plans were developed which instructed staff on how to minimise these risks when providing people with care and support. This included guidance for staff on how to protect and keep people safe in the event of an emergency, for example, in the event of a fire at the home.

There were enough suitable staff to care for and support people. The staffing rota was planned in advance. Senior staff had taken account of the level of care and support people required each day, in the home and community, so that there were enough staff on duty to support them safely. The registered manager told us they ensured the staff rota had a good mix of experienced and suitable staff on every shift. This included making sure there were members of staff on duty who were trained in responding to emergencies and able to drive. We observed when people were at home, staff were visibly present and providing appropriate support and assistance when this was needed.

The provider had established recruitment procedures which enabled them to check that staff were suitable and fit to work at the home. Records showed checks were carried out and evidence was sought of; people's identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People were supported by staff to take their prescribed medicines when they needed them. These were stored safely. Each person had their own medicines administration record (MAR sheet) and staff signed this each time medicines had been given. Where medicines had not been given the reasons for this were documented. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Training records showed staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis.

The environment and equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Records showed regular checks had been made of fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances, and the gas and heating system. Staff carried out other checks to ensure the measures put in place to reduce risks posed by the environment were effective. For example hot water temperatures were tested weekly to make sure these did not exceed the permitted level. Staff kept the home free of potential trip hazards so that people could move around safely.

## Is the service effective?

### Our findings

Staff received training which enabled them to meet people's needs. A relative told us, "They know [family member] and know how to meet [their] needs." Another relative said, "They have a good understanding of what people need." Records showed the registered manager had discussed with each individual staff member their specific learning and development needs. These discussions were focussed on the training staff needed to help meet people's specific needs. Using this information, staff were set individual objectives and goals to attend and complete identified training within agreed timescales. This was a mix of new learning such as in specialist areas or refresher training to update and refresh their existing knowledge. The registered manager used one to one meetings (supervision) to review staff's progress against these training goals to ensure these were being achieved.

People were cared for by staff who were supported in their roles by senior staff. The registered manager used supervision meetings to review staff's work performance and provide them with opportunities to discuss any work based issues or concerns they had. The registered manager told us that supervision meetings with all staff had not taken place as planned in January 2016, the reasons for which were explained to us. Prior to this date records indicated these had taken place on a regular basis. All staff had been booked to attend a supervision meeting to bring these up to date and which were taking place at the time of our inspection. Staff told us they felt well supported by the registered manager. One staff member said, "The support I get from the manager is good." Another told us, "If I had any issues I could raise these with [registered manager] and he would act on this."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Records showed staff assessed people's level of understanding and ability to consent to the care and support they needed. A framework and procedure was in place to deal with situations where if people lacked capacity to make specific decisions people involved in their care, such as family members and healthcare professionals would be involved by staff in making decisions that were in people's best interests. All staff had received training in relation to the MCA and DoLS. They had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Records showed staff assessed people's nutritional needs which took account of their healthcare conditions as well as their specific likes and dislikes for food and drink. Staff used this information to support people to plan meals

which met their needs. People with specific health conditions that could be worsened by certain foods, had meals planned for them that supported them to maintain a healthy diet. Staff used latest research and guidance to encourage people to follow a healthy diet and lifestyle. For example recommended guidance from a national charity was used to support people to eat a gluten free diet. Staff closely monitored and recorded people's food and drink intake to ensure people were eating and drinking enough. People's weights were monitored on a monthly basis to ensure they were maintaining a healthy weight.

People were supported by staff to maintain their health and wellbeing. People's records set out for staff the support people needed to stay healthy and well. This included information about the support people required to manage their health conditions and the access they needed to services such as the GP or dentist. Staff ensured people were supported to attend their healthcare and medical appointments. Outcomes from these were documented and shared with all staff so that they were aware of any changes or updates to the support people needed. People also had a hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Staff monitored and recorded information about people's general health and wellbeing daily. A relative told us, "They [staff] are very observant and quick to respond to anything." Where there was a concern about a person we noted prompt action was taken by staff to ensure these were discussed with the registered manager and the appropriate support from healthcare professionals was obtained. We saw where this had happened in one instance staff used recommendations and advice from external professionals to support one person in different ways to give them additional reassurance and support when they became anxious.

## Is the service caring?

### Our findings

People and relatives said staff were kind and caring. One person spoke warmly about the staff that supported them describing them as 'friends'. A relative said, "People are relaxed in each other's company. They [staff] really do try and make it a homely place. It's their [people's] home and they do what they want there." Another relative told us, "They're nice staff and they have [family member's] best interests at heart." And another relative said, "I have no problems with staff. They're caring and talk to [family member] nicely."

During the inspection we observed interactions between people and staff. People appeared comfortable and relaxed in staff's presence. When people asked staff for help and assistance, staff gave people their full attention and provided support promptly. Staff spoke with people respectfully and with warmth. We saw they involved people in making decisions about what they wanted to do for example when deciding the day's activities or what to have for their evening meal. Staff gave people the time they needed to communicate their needs and wishes and then acted on these.

In our conversations with staff we noted they spoke about people in a kind and respectful way. They knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. For example for one person who was hard of hearing, it was important to them that they were able to use their hearing aid when they needed this. Staff ensured there was a good stock of batteries in the home so that this was kept in good working order.

People using the service had complex needs and some people were unable to communicate verbally. People's records indicated how they expressed themselves through speech, signs, gestures and behaviours which helped staff understand what people wanted or needed in terms of their care and support. We saw examples during the inspection of how staff used this information to support people to make decisions such as for one person staff used picture cards to aid their understanding and to express choices.

People's right to privacy and dignity was respected. One relative said, "[Family member] is always dressed up and looks good when I visit. They look after [their] hygiene." We observed staff did not enter people's rooms without their permission. People's personal records were kept securely within the home so that personal information about people was protected. Staff were discreet when talking about people so that they could not be overheard. They told us about the various ways they supported people to maintain their privacy and dignity. One example they gave was ensuring people's doors were kept closed when supporting people with their personal care. One staff member said about one of the people they supported, "I never crowd [person]. [They'll] take my hand and I know that they want to go to their room because they want to be alone."

People were encouraged to be as independent as they could be in the home and community. During the inspection we saw people were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, we saw staff supported people to clean and tidy their rooms. We also saw people were encouraged to participate in the preparation of meals and drinks. Staff only stepped in when people could not manage tasks safely and without their support.

Staff were warm and welcoming and placed no restrictions on visitors. Relatives told us they could visit with their family members when they wished. One said, "The staff are very welcoming and it almost feels like a second home to me."

## Is the service responsive?

### Our findings

People were actively involved in the planning and delivery of their care. Records showed people, their family members and other healthcare professionals such as social workers, met and discussed with staff what support was needed and how this should be provided. Information from these discussions was used to develop an individualised support plan which set out how people's needs would be met by staff.

Support plans reflected people's preferences and choices for how support should be provided as well as what was important to them, individually in terms of their care goals and objectives. For example, one person had specific dietary needs that they wanted met and staff were given instructions and guidance on how this should be achieved and maintained. There was detailed information for staff on how to ensure people retained as much control as possible when being supported. For example, when washing and dressing support plans set out how much of this people could do for themselves and what support they needed from staff. A relative told us, "They will try and encourage [family member] to do things for themselves." In our discussions with staff it was clear they had a good understanding of the specific needs of people and how these should be met.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker. A keyworker is a member of staff responsible for ensuring a person's care and support needs are being met. Records showed keyworkers met with people regularly to discuss their needs and any changes that were needed to the support they received. An annual review was also carried out of each person's care and support needs. These had been attended by people, their family members, social workers, staff and other relevant healthcare professionals involved in people's care.

People were encouraged to pursue activities and interests that were important to them. One person said, "We've been out all day today and we went for a meal. We go out quite a lot. Tomorrow we're going to Box Hill." A relative told us, "I know [family member] likes to go walking and they do that a lot with staff. [Family member] also likes dancing and they take [family member] once a week." People also undertook personalised activities with the support of staff. These included trips to the shops, attractions and meals out. The registered manager told us they were continuously seeking out new activities for people to participate in. For example they had started a weekly baking session and people were encouraged to join in and participate as much as they wanted to.

People were supported to maintain relationships with those that mattered to them. One relative told us how staff supported their family member to visit with them regularly. Where people had developed friendships outside of the home staff encouraged people to maintain these. They did this by taking people to visit with their friends out in the community or inviting them to the home for visits. Family and friends were also invited to events that took place at the home such as birthdays and summer parties.

People and their relatives were satisfied with the support people received. One person said, "I'm happy here and I like it here." A relative told us, "On the whole everything is very good." Another relative said, "I'm

satisfied with things and I wouldn't have a bad word to say about the providers." People were confident raising any concerns or issues they had with staff. One relative said, "Nothing is ever perfect. When I do have a concern they're pretty good at responding to this." Another relative told us, "I feel I could say anything to them and they will listen." The provider had arrangements in place to respond appropriately to people's concerns and complaints. The provider's complaints procedure detailed how people's complaints would be dealt with. This was displayed in the home and explained what people could do if they were unhappy and/or wanted to make a complaint. People were also told what help they could expect to get from staff to assist them in making a complaint and how their complaint would be dealt with.

## Is the service well-led?

### Our findings

People and relatives spoke positively about the management of the home. One relative said about the registered manager, "He's always willing try new things to support [family member]." Another told us, "I think it's well managed. The manager is very client orientated. It's always about what people want."

The registered manager encouraged an open and transparent culture within the home which was focused on putting the needs of people first. People were encouraged to share their views and ideas about how the care and support they received could be improved through regular meetings with their keyworker. Staff took people's ideas and suggestions on board and acted on these. For example one person wanted to go on holiday and staff arranged for them to go with appropriate support. People's annual reviews showed their and their relative's views were taken into account when reviewing and planning on-going and future care and support needs. Staff ensured people were able to take part in meetings by using communication methods that enabled people to participate. For example signs and symbols and pictures were used to help people who were non-verbal to express their views.

Staff were encouraged to share their views and suggestions about how the service could be improved for people. They were supported to do this through staff team meetings and their own individual supervision meetings with senior staff. Minutes from meetings showed staff regularly discussed different ideas and ways people's experiences could be improved such as new activities or social outings. One staff member said, "The staff team is brilliant. It's a close environment and we support each other. Communication is very good."

There was clear accountability and responsibility at all levels within the service for ensuring people experienced good quality care which met their needs. The registered manager demonstrated good leadership. They checked staff were achieving the service's objectives in meeting the needs of people using the service. For example through the keyworker system staff were accountable for ensuring that people's individual needs were being met. The registered manager reviewed the outcomes of keyworker meetings to ensure staff took appropriate action where this was needed. It was clear from speaking with staff they were aware of their responsibilities to the people they supported and for ensuring people experienced good quality care. One staff member said, "I feel all the staff know people's needs really well and people have a good quality of life here."

The provider carried out checks of the service to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, health and safety, and staffing arrangements such as recruitment procedures and training. Where any shortfalls or gaps were identified the registered manager took responsibility for taking prompt action to address these. The registered manager told us they also carried out checks of the home environment and observed the care and support provided by staff on a daily basis. They reviewed daily records maintained by staff to monitor that staff were undertaking their roles and duties as required.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service.