

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

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

Maple House accommodates up to four people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. At the time of this inspection there were three people using the service.

This inspection took place on 29 August 2018. At our last inspection of the service in March 2016 we rated the service 'good'. At this inspection we found the evidence continued to support the rating of 'good'. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safe at Maple House. Staff were trained to safeguard people from the risk of abuse and knew how to report any safeguarding concerns about people to the appropriate person and agencies. Staff understood the risks posed to people and followed current guidance about how these should be minimised to keep people safe from injury or harm. The provider acted to make improvements when things went wrong. At this inspection we saw improvements had been made following an incident involving a person to help reduce the risk of a similar incident reoccurring.

Risks posed by the premises were appropriately managed. The provider maintained a servicing programme of the premises and the equipment to ensure areas covered by these checks did not pose unnecessary risks to people. The premises were clean, and staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, cleaning the premises and when preparing and storing food. Medicines were stored safely and securely, and people received them as prescribed.

There were enough staff at the time of this inspection to meet people's needs and keep them safe. The provider maintained a robust recruitment and selection process and carried out appropriate checks to verify staff's suitability to support people. Staff received regular training to keep their knowledge and skills up to date with best practice. Staff had work objectives that were focussed on people experiencing good quality care and support which were monitored and reviewed by the registered manager. Staff knew people well and understood people's needs, preferences and choices. They were aware of people's preferred communication methods and how people expressed their needs.

People and their representatives continued to be involved in planning their care so that they would receive personalised support. Staff followed current best practice, legislation and standards to support people to

experience good outcomes in relation to their healthcare needs. People and their representatives were involved in reviews of their care which helped to ensure that the support provided continued to meet their needs.

People were supported to keep healthy and well, to maintain a healthy and well-balanced diet and helped to access healthcare services when needed. Good relationships had been developed with local health professionals. Staff shared information about the healthcare needs of people to aid professionals understanding of people's needs, wishes and preferences. This helped to reduce some of the risks that people could experience accessing these healthcare services due to their disability.

The design and layout of the premises provided people with flexibility and choice in how they spent their time when at home. People participated in a wide range of activities and events at home and in the community to meet their social and physical needs. Staff were kind and treated people with dignity and respect. They ensured people's privacy was maintained when being supported with their care needs. People's relatives were welcome to visit the service without any unnecessary restrictions.

People were asked for their consent before care was provided and prompted to make choices. People were encouraged to do as much as they could for themselves to maintain their independence. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

Relatives were satisfied with the quality of care and support provided to their family member. People, relatives and staff were asked for their views about the quality of care and support provided and how this could be improved. Relatives said managers demonstrated good leadership and were approachable and supportive. The provider worked in partnership with others to develop and improve the delivery of care to people.

The service had a registered manager in post who was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. The registered manager monitored the quality of care and support provided. They undertook quality surveys and regular audits of the service and took appropriate action if any shortfalls or issues were identified through these. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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 29 August 2018 and was unannounced. The inspection was undertaken by a single inspector. Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with the nominated individual and a care support worker. As people using the service were unable to speak with us, we observed interactions between people and staff. We looked at three people's care records and three staff records. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

After the inspection we spoke to the registered manager and one care support worker. We also spoke to three people's relatives to gather their views about the care and support provided to their family member.

Is the service safe?

Our findings

Feedback from relatives indicated they had no major concerns about people's safety at the service. One relative told us having staff on duty at night made them feel more assured about their family member's safety and wellbeing.

Since our last inspection, the provider continued to provide training and support to staff to safeguard people from abuse or harm. Staff demonstrated good awareness of safeguarding procedures and for reporting concerns to the appropriate person and/or authority. Staff also received training in equality and diversity to help them identify and reduce the risk of discriminatory behaviours and practices that could be harmful to people. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Concerns and incidents involving people were reported promptly to the registered manager for review. Action was taken to make improvements when things went wrong. We saw following an incident involving a person in July 2018, the registered manager had undertaken a thorough investigation as to how and why this had occurred. They then met with staff to discuss their findings and together, used the learning from this incident to identify measures to put in place to reduce the risk of this incident reoccurring.

Staff were provided with up to date guidance on risks posed to people at the service and how these should be managed to keep people safe from injury or harm. Staff had a good understanding of the risks to each person and how to support them to stay safe. The provider continued to carry out regular maintenance and servicing of the premises and of equipment used to ensure these remained in good order and safe to use.

There were enough staff to support people safely. The registered manager reviewed the level of support people required each day, with their care needs and planned activities, and made sure there were sufficient staff to meet these. On each shift there were suitably experienced and trained staff on duty who would be able to respond to emergencies, for example when a person required first aid or in the event of a fire in the premises.

The provider maintained robust recruitment and selection processes to check that staff were suitable and fit to support people. Recruitment records for three staff employed at the service since our last inspection showed the provider had checked their eligibility to work in the UK, had obtained character and employment references for them, sought evidence of their qualifications and training and undertook appropriate criminal records checks.

Arrangements were in place to obtain, store, administer and dispose of medicines in an appropriate and safe way. Our checks of stocks and balances of medicines and medicines administration records (MARS) showed people consistently received the medicines prescribed to them. However, we found an administration error relating to one person had occurred the day before our visit. Staff immediately responded by seeking advice from the GP, who confirmed the person would not experience any adverse effects from this. Staff reported the error to the local authority and to the person's representatives. The

nominated individual contacted us after our inspection to advise that they had liaised with the dispensing pharmacy who had agreed to change the way this medicine was packaged to reduce the risk of this error reoccurring.

Systems were in place to reduce risks to people from poor cleanliness and hygiene. Staff had received relevant training in infection control and in food hygiene. The premises were clean and tidy throughout. Cleaning materials and equipment were used appropriately to reduce the risk of spreading and contaminating people with infectious diseases. Toilets and bathrooms were equipped with soap and hand towels to promote good practice in hand washing. The service had recently been rewarded the highest food hygiene rating of '5'. Staff followed appropriate procedures when preparing and storing food to reduce the risk of people acquiring food related infections that could lead to illnesses.

Is the service effective?

Our findings

Prior to people using the service, the provider carried out a comprehensive assessment of their needs to determine the level of support they required and used this information to plan and deliver support in line with current legislation and standards. We saw the service was using guidance provided by the Sutton Homes of Care Vanguard initiative when planning how people's health needs should be met. This included guidance around; 'Helping to prevent infection', 'Hydration and Nutrition' 'Looking after the senses: ears, eyes and mouth care' and 'Maintaining skin integrity and preventing pressure ulcers'. People's records contained detailed information about how their needs should be met to help them achieve good outcomes and enhance the quality of their lives. Staff were clear about these intended outcomes and how they could help people achieve these through the support they provided.

Staff continued to receive regular and relevant training to help them to meet people's needs and to keep their knowledge and skills up to date with current best practice. New staff were required to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff who are new to care. Staff had supervision meetings and an annual performance appraisal with the registered manager. These meetings enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning.

People were supported to eat and drink sufficient amounts to meet their needs. People ate their meals at times of their choosing and these were individualised to meet their needs and preferences. Staff demonstrated good understanding of people's specific dietary needs and prepared meals in line with specialist guidance and requirements. Staff monitored how much people ate or drank and if they had any concerns about this they sought advice from the relevant health specialists about how people could be better supported with their nutritional and hydration needs.

People were supported by staff to keep healthy and well. People had a current health action plan which set out how they should be supported to manage their health and medical conditions and to access the services they needed to support them with these. Staff supported people to attend their health and medical appointments and shared outcomes from these with their colleagues so that they were aware of any changes or updates to the support people required. Staff referred any concerns they had about a person's health or wellbeing promptly to the relevant health professionals.

Staff liaised with external health professionals to ensure people experienced effective care and support. We saw good relationships had been developed with local health professionals such as the GP, dentist and optician to reduce some of the risks that people could experience accessing these services due to their disability. Staff provided local health professionals with information about the healthcare needs of people they were treating, to aid their understanding of their needs, wishes and preferences, so that they would be treated fairly and appropriately.

The design and layout of the premises provided people with flexibility in terms of how they could spend their time when at home. In addition to their own room people could spend time in the communal lounge,

activity room, dining room, kitchen and the large garden. People's individual preferences reflected how their bedrooms were decorated and we saw these were highly personalised.

People's ability to make and to consent to decisions about their care and support needs continued to be monitored and reviewed. Staff prompted people to make decisions and choices and sought their permission and consent before providing any support. Staff ensured people's relatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Applications made to deprive people of their liberty continued to be properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations to check that they were still appropriate.

Is the service caring?

Our findings

Relatives spoke positively about the kindness and care shown to their family members at Maple House. One relative told us they had seen positive interactions between their family member and staff which indicated to them that their family member was happy and comfortable with them.

During our inspection people appeared relaxed and comfortable in staff's presence and did not hesitate to communicate their need for their support. Staff were patient and kind and fully engaged with people when having conversations or when undertaking a task or activity. Staff were considerate and asked people how they were and what they (staff) could do to help them. When supporting people, staff sought their consent and respected their decisions about what they wished to do. Staff continually checked that people were comfortable with the support being provided.

Staff understood what was important to people in relation to their care and support needs. They demonstrated a good understanding of the needs of each person, their care goals and aspirations and how they wished to live their lives at Maple House. There was good information for staff on people's records about how people wished to communicate and express themselves which helped staff understand what people wanted in terms of their care and support. Staff knew how to support people if they become anxious or distressed so that this would be done in a caring and considerate way.

Staff maintained people's right to privacy and to be treated with dignity. People's records prompted staff to provide support in a dignified and respectful way. Staff knew how to respect people's privacy and dignity which included ensuring people were offered choice, were not rushed and given the time they needed to do things at their own pace. Personal care was provided in the privacy of people's rooms or in the bathroom. When people wanted privacy, staff respected this so that people could spend time alone if they wished.

People were supported by staff to be as independent as they could be. People that could carry out elements of their personal care themselves were encouraged by staff to do so, to maintain these skills. Staff supported people to clean and tidy their rooms, do their laundry, their personal shopping and to participate in the preparation of meals and drinks. Some people could make their own drinks and one person prepared their meals with staff support. Staff only took over when people could not manage and complete tasks safely and without their support.

Is the service responsive?

Our findings

Since our last inspection people continued to receive personalised care. People and their relatives remained involved in planning and reviewing the support people required to meet their needs. This was evident from people's care records. People's views were taken on board so that staff took full account of their preferences and choices, their social and cultural needs and their values and beliefs when planning the support people required.

People's care records were current and contained detailed information about the support they needed with their personal care, diet, finances, their physical and psychological health and their social needs. People's support plans instructed staff on how people's needs should be met whilst maintaining their safety from identified risks. Each person had a designated 'key worker' who was responsible for ensuring their care and support needs were met. People had monthly meetings with their key worker to review progress in meeting their care goals, the success of activities and outings they had attended and to explore new activities they might like to try. Staff kept detailed records of these meetings to monitor and evaluate the effectiveness of the care and support provided to people. When changes to people's needs were identified, their records were updated promptly so that staff had the latest information about how to support people appropriately.

People remained active and participated in a wide range of activities and events to meet their social and physical needs. Staff had planned a range of activities for people to do on a daily and weekly basis that reflected people's interests and preferences. This included visits from a massage therapist, shopping trips, going out for meals and on day trips and outings. Staff rotas were planned so that, on at least one shift a day, a staff member that could drive would be on duty so that people could get out and about in the community. The service had an adapted vehicle for this purpose that could comfortably accommodate wheelchair users. Staff helped people to stay in touch with their family and friends. The provider maintained an open and welcoming environment and family and friends were encouraged to visit.

Relatives were satisfied with the support their family members received. One relative said, "Yes, I feel quite satisfied with everything. [Family member] is getting on fine and nothing is troubling me." Relatives said they would be comfortable making a complaint if they needed to and were confident this would be dealt with appropriately. The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in an accessible format for people to raise their concerns.

Is the service well-led?

Our findings

We received positive feedback about management and leadership of the service. One relative said, "I can talk to [registered manager] about anything and he does listen, and he will do something about it if I'm not happy. He's very good like that." Another relative told us, "[Registered manager] is really very good. He always communicates and explains what is happening so because of that I feel it is very safe there. I really appreciate that [registered manager] listens. Very approachable and easy to talk to about any concerns or if I was worried about something." A staff member said they felt well supported and listened to by the registered manager.

The provider had clear values and vision for the service which were focussed on people experiencing good quality care and support. Staff had work objectives which reflected these values and vision. The registered manager met with staff regularly to check they were achieving these objectives and making positive contributions to the overall quality of people's lives. Minutes of staff team meetings showed staff were commended by the registered manager for positive contributions and achievements attained when supporting people.

The service continued to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider maintained an open and inclusive environment where people, relatives and staff were encouraged to get involved and give feedback about how the service could improve. People's views were sought through meetings with their key worker. Relatives were asked for their views through quality surveys. Staff's views about the service were sought through individual supervision and staff team meetings and through an annual employee survey. We saw a good example of how the registered manager had used feedback through these initiatives to support a relative to get more involved and informed about their family member's care which had helped to increase their confidence and assurance about the support being provided.

The provider continued to monitor, assess and improve the safety and quality of the service. Records showed senior staff undertook regular checks of key aspects of the service and took action to make improvements when required. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider worked in partnership with other agencies. For example, staff had worked collaboratively with health professionals from the local council to embed good practice at the service in relation to support provided to people with a learning disability. Staff also worked with local authorities funding people's care

so that were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.