

# Review of compliance

Evergreen Partnership Maple House	
<b>Region:</b>	London
<b>Location address:</b>	Woodmansterne Lane Wallington Surrey SM6 0SU
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	Maple House provides care and accommodation for up to four young adults with learning disabilities. The service supports people with autism and those who may display behaviours that challenge the care services that they require. Further details about the services provided can be obtained directly from the home.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Maple House was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 23 July 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

There were three people living at Maple House and we met with all of them during the course of our visit.

Due to their needs, some people that we met during our visit were unable to share direct views about the standards of care. In order to make judgements about the care that individuals received, we observed care practices; interactions with staff and tracked three people's records of care. Case tracking means we looked in detail at the care people receive. We also spoke with one relative on the telephone.

During our visit people were offered choices, spoken to respectfully, made to feel involved and showed signs of well being when interacting with both the staff and other people using the service. Staff were alert to changes in people's mood, behaviour and general wellbeing and knew how they should respond to individual needs.

A relative told us, "I am very happy, I know X is well taken care of, no complaints at all."

We saw that people were provided with a range of personalised and meaningful activities and supported by staff on a one to one basis when needed.

Plans of care were person centred, well created and closely reflected the specific needs of the person. This meant that staff had clear information on how to support their needs and lifestyles.

The home was clean, safely maintained and furnished to comfortable standards. People had the right specialist equipment to promote their independence and meet both their physical and sensory needs.

People benefit from a stable staff team who have worked at Maple House for a number of years.

Staff told us that they were happy working at the home and felt well supported by the

registered manager. They felt there was good teamwork and a 'family' atmosphere.

## **What we found about the standards we reviewed and how well Maple House was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

### **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

Two of the three people using the service require assistance with communication, and the staff team actively support individuals to fully participate in daily living activities. We saw that staff explained what they were doing and gave people informed choices when giving personal care and planning activities for example. Staff took time to listen and respond appropriately to any signs, gestures or specific communication methods. One person told us that they chose what activities they wanted to do and helped create their care plan.

#### Other evidence

Records evidenced that people are encouraged and supported to make decisions about their care and daily lives as far as possible. We saw that people's choices and preferences were recorded and updated at regular intervals. Examples included person centred care plans, health action plans and keyworker sessions with staff. The care plans were illustrated with photos to enhance people's involvement and understanding. One person had a laminated communication 'passport' of photos and symbols to encourage decision making.

Care plans included information about the person's aims and ambitions, and how staff are to support them with their social interests and occupation. We saw there were a range of activities provided. These included trips to the local shops, cafes, restaurants,

places of interest and nearby parks and towns. Holidays were also planned to suit individual needs.

We looked at people's care plans and found they were person centred. Their care needs, choices and preferences were recorded. Care plans showed the things that were important to the person. This information helped staff make sure people were involved in daily decisions about their care.

People using the service and their relatives or representatives had signed in agreement with their records. Care plans evidenced the involvement of the person using the service by being person centred, written from their perspective, and by being signed by the person and/or representative and their keyworker.

People's diversity, values and human rights were respected. Care records included clear information about any specific preferences in relation to people's ethnicity and culture. There was good evidence that staff respect and effectively respond to these needs. For example, we observed that one person's hair was being treated and looked after with the appropriate products made specifically for afro-Caribbean hair.

### **Our judgement**

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

During our visit, we saw that people using the service were busy and engaged in activities and that they were supported by staff on a one to one basis. One person told us they had enjoyed a picnic at the local park and were going out again in the afternoon.

A relative of a person using the service told us that they were "always" kept up to date about their family member's care. They said, "X is comfortable there and loves to go out. They do a lot of activities."

##### Other evidence

Most of the staff group had worked at the home for a considerable period of time and as a result, they knew people well. The people themselves seemed relaxed and comfortable in their presence. Staff spoke confidently about people's different care needs and knew how to support them. They were familiar with each person's likes, dislikes and unique personalities. We noted that one person needed more support because of a visual impairment and staff explained how the person orientated around the home and described what assistance they gave.

We sampled care records for two people using the service and found that people's needs were assessed and reviewed on a regular basis. For example, records confirmed that the manager carries out a pre-admission assessment for all prospective users of the service. This included gathering information about the person's background, needs and aspirations, likes and dislikes. The information is obtained from all those involved in a person's care and support including other relevant professionals, family members,

previous carers and the individual themselves. This process helps ensure that admissions only take place once the service is confident it can meet a person's needs. The two plans we viewed contained a lot of individualised information to help staff deliver person centred care. Illustrated with photos and clear language, they reflected what was important to someone, their capabilities, and what support they need to achieve their personal goals in life. Many actions recorded were specific and also highlighted people's achievements and gave ownership to each person. Each person also had communication guidelines that inform staff on how to understand their individual means of expression through body language, gestures or behaviour patterns. The care plans showed that there were ongoing reviews of people's care needs and staff had updated them accordingly to meet individual changing needs and circumstances. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Information about personal health care needs was recorded. We noted that people were registered with local doctors and opticians and were supported to attend routine appointments for health checks and treatment. There was correspondence which showed that the staff team works closely with other healthcare professionals to ensure that people receive the services they need. Records we reviewed included routine checks with other professionals such as optician, dentist, GP and consultant. This showed that staff ensured people's general health needs were regularly reviewed and met.

We noted that each person had a health passport. This contained detailed information about how staff should communicate with the individual concerned along with medical and personal information. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs.

There was evidence of involvement from other professionals and that any risks people may experience had been assessed. Identified risks had been recorded within the care plan. Examples seen included medication, managing finances and accessing the home and wider community.

We looked at daily reports which gave a good overview of a person's daily experiences, activities, health and well being and any other significant issues.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest.

Where people may lack capacity to understand their care and support options, we saw examples where the service held discussions about how they could make sure people's best interests were represented. Where necessary, decisions had been made on their behalf within a multiagency framework, involving family members. One example concerned dental treatment for one person.

### **Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

One person we spoke to told us that they felt safe and that they knew who to speak to if they were unhappy about the way they were treated.

##### Other evidence

Staff we spoke to demonstrated an awareness of the different types of abuse and what they must do should they witness anything untoward or poor practice. They were aware of what to look for and also what to do if they saw anything of concern. Staff told us that if they suspected abuse or were told about an allegation of abuse they would inform the manager immediately.

We saw the home had policies and procedures in place to show staff the action they needed to take if they suspected any person was at risk of harm. There were specific policies in place to safeguard the residents' welfare such as management of their finances and a whistle blowing policy for staff. The home had details of the local authority's safeguarding adults' team although the procedures for safeguarding vulnerable adults did not reflect the most current guidance and legislation. Known as 'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse', this is a report that aims to ensure consistency and continuity of practice across all London boroughs to safeguard adults at risk. In line with the guidance, a staff member should be appointed as the safeguarding lead.

Of the three staff files we checked, records confirmed that staff are properly inducted on abuse awareness and whistle blowing. We saw that all staff had completed training on safeguarding vulnerable adults although some had not updated since 2009. After our inspection the manager sent us a training planner which highlighted that there were

plans for five staff to refresh their safeguarding training by 20 November this year. The majority of staff had completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards. This relates to legislation and measures used to protect people who lack the mental capacity to make certain decisions for themselves.

Records and policy evidenced that the correct recruitment checks are made on staff suitability before they start work.

No safeguarding concerns have been reported to us and the manager was aware of their duty to notify us about reportable events. Our records reflect that no safeguarding incidents or allegations of abuse had been received by us at the time of this inspection.

### **Our judgement**

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

We were shown around the home and looked at some of the bedrooms with people's permission. People had personalised their rooms how they like and been involved with choosing their room colour and furnishings. Bedrooms clearly reflected each person's interests, hobbies and personal identities. For example, one person had music CDs, DVDs, family photographs and an aquarium due to their interest in fish.

There were many homely touches to reflect the individuality of the people who live at Maple House. For example, there were artwork pictures created by people who use the service and framed photos of holidays and activities that people had taken part in together.

##### Other evidence

People who use the service receive care and support in an environment that is suitably designed and adequately maintained by the provider.

At the time of our visit, Maple House was well furnished, homely and decorated to good standards. The home is well positioned to access a range of community amenities and transport links. There are single bedrooms over two floors and spacious communal areas that include a lounge, kitchen, dining room, sun room and large rear garden.

The manager discussed recent home improvements including ongoing redecoration throughout the house. There were forthcoming plans to replace flooring in the lounge and planning permission granted for a building extension.

The manager confirmed that a budget was available for purchasing equipment or furnishings as people requested or needed. The standards of décor and personalisation by people who use the service supported this.

We looked at some of the servicing records for the home. Fire alarms and equipment had been serviced and practice evacuation drills held regularly involving both people using the service and staff. Other fire precautions were being maintained. Fire exits were clear, fire extinguishers, alarms, and emergency lighting had all been tested accordingly by an appointed contractor.

Risk assessments concerning the premises and potential hazards were in place to ensure the safety and well being of people using the service and the staff who work there. Records were completed for essential maintenance and repairs.

**Our judgement**

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

##### Other evidence

During our visit, all the staff we met demonstrated a good understanding of the care and support needed by the people who use the service. Staff members were confident in their work and were aware of the support needs of people using the service.

We spoke with two staff about their experience of working at Maple House. One told us that their induction was good and they worked alongside their supervisor for two weeks. They felt they had time to get to know the people using the service and were told about each person's different needs and preferences. Another staff told us "we work well as a team, everyone is supportive." Staff said that they could talk to the manager about any concerns.

A relative told us that staff were always friendly and welcoming when they visited the home.

We found that staff received appropriate professional development.

We looked at training and supervision records for three staff. The staff files we checked each included a completed induction, training certificates, contracts, performance appraisal and supervision records. We looked at the induction process for the newest member of staff. This evidenced that their induction was structured and based upon the Skills for Care common induction standards. These are a set of standards which are designed to provide staff with the basic information and skills necessary for work in adult social care.

Records included training certificates on key areas such as moving and handling, first aid, fire safety, handling medication, safeguarding and food hygiene. Some staff had

achieved a National Vocational Qualification level 3 in care.

The manager advised that staff training was arranged through the local authority and on line 'e-learning' courses.

Following our visit, the manager sent us a training planner which identified where some members of staff needed to refresh their skills and knowledge. We were told that any refresher training would be completed by the end of November this year.

Staff we spoke to said they had regular supervision with the manager. Supervision records showed that job performance is monitored and career development needs are discussed in relation to the home's objectives and people's needs.

The manager told us that annual appraisals for some staff were overdue but they were working to bring this up to date over the next month.

Information sharing among the staff team was well managed and evidenced that staff are kept informed about changes to people's needs and well being. Examples included a communication book, daily shift plans, handover records, meetings and individual supervision sessions.

### **Our judgement**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

A relative of a person using the service told us they had never had to make a complaint. They said, "I have had made some requests and they are always done."

##### Other evidence

There were various systems in place to monitor the quality of the service provided. These included monthly audits or check ups by the manager and provider. Recorded checks looked at the environment, fire safety, care plans, medication and infection control.

We saw evidence of regular health and safety checks on all aspects of the premises and equipment. This included appropriate maintenance contracts concerning fire, gas and electrical safety and for servicing equipment such as electrical appliances. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. For example, satisfaction questionnaires were sent out to relatives and staff in July 2011. We noted that feedback was all complimentary about the standards of care.

The provider took account of complaints and comments to improve the service. One example resulted in the implementation of new cleaning schedules following feedback from a relative about standards of cleanliness.

The registered manager demonstrated that they managed the home in the best interests of everyone living there, also regularly working as part of the team on day to

day shifts. There was a deputy to support the management of the home and staff felt well supported.

**Our judgement**

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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