

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Maple House

Woodmansterne Lane, Wallington, SM6 0SU

Tel: 02082549403

Date of Inspection: 24 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Action needed
Supporting workers	✗	Action needed
Complaints	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Evergreen Partnership
Registered Manager	Mr. Daniel Roberts
Overview of the service	Maple House provides care and accommodation for up to four young adults with learning disabilities and/or sensory impairment. The service supports people with autism and those who may display behaviours that challenge the care services that they require. There were three people using the service at the time of our inspection.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 May 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We met with all three people living at Maple House during the course of our visit. We also spoke with three members of staff and the registered manager.

One person we spoke with said that they were happy with the care and support they received. They told us that they took part in various leisure and social and activities of their choice although they could not recall being involved in a recent review meeting to discuss their needs. Other people were unable to share direct views about their experiences but appeared relaxed and contented when interacting with staff.

People were supported by a stable staff team who told us that they liked working at the home and that they could discuss any problems with the manager.

We found however that records of people's care and support needs were not being regularly maintained, reviewed and monitored. The overall systems for record keeping and the management of medicines needed improvement. There were also insufficient arrangements in place to ensure that staff were appropriately trained and supervised to carry out their role.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 09 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Two of the three people we met were not able to verbally express their views about their experience of living in the home. However, we saw from care records and our observations that they received appropriate support from staff to make decisions in relation to their care. Where they were able to, people had signed in agreement to their plan of care and where someone lacked capacity, a relative or representative had signed on their behalf.

The manager advised that one person using the service had recently undergone a surgical procedure in hospital. There was a record to show that the person's ability to understand the treatment options available to them had been assessed. We also saw that the person had been given information about the procedure before it was carried out. The manager advised that the person had signed consent to the procedure when they were in hospital.

Where people did not have the capacity to give informed consent, the provider acted in accordance with legal requirements. Arrangements were in place to support people and ensure that any decisions were made in their best interests. We saw that decisions had been made within a multiagency framework, involving family members for one person's required dental treatment. In people's care files we saw other records such as a medication consent form which had been countersigned by the GP and pharmacist.

There were copies of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards available to staff in the office. Staff training records showed that staff had not undertaken training on the Mental Capacity Act and Deprivation of Liberty Safeguards since 2009. Following our visit the manager had put plans in place for staff to refresh their training by the end of June 2013.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We talked with one person using the service about the care and support they received. They told us they were happy living at Maple House and liked their keyworker. We asked about the activities in the home. They said " We go to Epsom Downs and we go for meals at the Harvester and have parties." They also liked going out to buy a weekly magazine and shopping for their food and personal toiletries.

Other people we met were not able to tell us about their care experiences; however we saw positive interaction between them and the staff. People were offered choices, supported to feel involved and staff knew how they should respond to their communication styles or body language. We saw that people were relaxed and comfortable in their surroundings. The registered manager and staff we met were knowledgeable about each person's personal and healthcare support routines.

People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at care records for the three people using the service which were organised into two files. These included information about each person's social and healthcare needs and abilities and what actions were required to support them. Care plans were also personalised to reflect people's specific needs such as sensory impairment and behaviour management. We were told that there had been no significant changes to any of the three people's needs since our last inspection in July 2012. We noted however that their care plans and risk assessments had not been reviewed since March 2012. The manager advised that care plans were in the process of being reviewed and redeveloped in a more person centred format.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There was evidence of involvement from other professionals and that risks people may experience had been assessed and recorded. Examples we saw included using kitchen equipment, falls, managing behaviour and accessing the home and wider community. We noted people attended routine checks with other professionals such as the optician, dentist, GP and consultant. For example, each person had an annual health check at the local GP practice and medication was reviewed at least three monthly. This showed that the manager and staff team worked closely with other healthcare professionals to make sure people received the services they needed.

We looked at daily reports which gave an overview of a person's daily experiences, activities, health and well-being and any other significant issues. Records also confirmed that people were supported to maintain contact with their families.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider had insufficient arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

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

Medicines were kept safely. The home used a monitored dosage system with medication delivered by a local pharmacist once a month. All medication was stored in a lockable metal cabinet in the office. At the time of our inspection we were told that none of the people using the service were prescribed controlled medicines.

We were told that the three people using the service were unable to manage their own medication. There were records and risk assessments to show that each person's capacity had been assessed and that their consent had been obtained.

Medicines were prescribed but not always given to people appropriately. Insufficient arrangements were in place in relation to the recording of medicine. We looked at a selection of Medication Administration Record Sheets (MARS) and checked the prescribed doses against the medication held in the home. We found that one person had not received their prescribed medicines appropriately. Medication was supplied monthly from the pharmacist and we saw that there were 3 days remaining before the new cycle started. The medication had been issued in a box of 30 tablets and staff had signed for its daily administration over 25 consecutive days. When we checked the quantity of tablets, there were 12 remaining. This showed that the medicine had not been taken by the person for a number of days but staff had signed that it was administered. For the same person, we also noted a three day gap, where staff had not recorded that another daily medication had been given or stated the reasons why it had been omitted.

We were shown weekly medication audits although the most recent check was dated 28 April 2013. These audit records raised no issues with medicines management in the preceding three months. There were no clear records for checking the quantities of medication received on behalf of people using the service. Staff had not signed the MAR charts when people's prescribed medication was delivered. This meant there was a risk that not all medication held in the home could be accounted for.

Records showed that staff had not updated medication training since 2010 and there were no checks on staff competency for handling medicines. The manager acknowledged that medication practice was in need of improvement. Following our visit, the manager wrote and told us they had put plans in place for all staff to update their medication training by the end of June 2013. Certificates evidenced that two of the seven staff completed on line computer training the day after our inspection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

The provider did not have adequate systems in place to ensure that staff were appropriately trained or supervised in their work.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

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

During our visit, the staff we met were confident in their work and were aware of the support needs of people using the service. Staff told us there was a family type atmosphere and they worked together as a team.

Not all staff had received appropriate professional development. We looked at training and supervision records for three of the seven staff employed. These records did not evidence that staff had received appropriate levels of training and supervision. Our check of files showed that staff were not up-to-date in a number of core areas of practice and there had been no refresher courses for several years. Following our visit, the manager sent us the most recent list of completed staff training which further highlighted a number of gaps. Examples included moving and handling, medication, safeguarding vulnerable adults, fire safety, food hygiene and first aid. Other records showed that few of the staff had received the training they needed to care for people and meet their assessed needs. This included training on communication, challenging behaviour, British Sign Language and nutrition and diet. Overall, some of the training course attendances were dated back to 2006 meaning that staff may not have been working to current best practice and the latest legislation. The matrix also showed that one staff had attended equalities and diversity training in 2006 and none had completed training on person centred care planning, autism or mental health awareness.

We found that care staff had not been receiving regular supervision to monitor their performance and development needs. The lack of formal staff supervision meant that poor practice or lack of knowledge may not always have been addressed. The manager told us that he offered ongoing guidance on a day to day basis, but that formal supervision and development monitoring would be implemented as soon as possible. Following our visit the manager sent us a schedule for all staff to attend a planned supervision session in June and July 2013.

There was a communication book for information share but staff meetings were not being

held regularly.

Although there were plans to address the shortfalls in training, we found that staff supervision, training and development were not being adequately managed. This meant that staff did not have their practice updated or their knowledge checked and did not provide assurance that staff were suitably trained to meet people's needs. The manager acknowledged that training and supervision for staff was in need of improvement.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. People were given information about how to make a complaint in a service user handbook. We saw that the provider's complaints procedure specified how complaints could be made and who would deal with them. It included relevant contact information and appropriate timescales for action and resolution. One person we spoke to said they would speak to their keyworker or the manager if they were unhappy with the service.

We looked at the complaint records which showed that the service had received no complaints since 2011.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's personal records including medical records were not accurate and fit for purpose. We saw that there were records of incidents and accidents involving people using the service but these had not been consistently completed.

For example, we saw two body map chart records where a person using the service had unexplained bruising. One chart stated "staff noticed bruise on X's (name of service user) back" and a further record stated "bruise on breast". Although dated and signed, we were unable to cross check these records with accident reports or the person's daily care notes as they were not available. The manager told us that staff had a responsibility to notify them of all incidents and accidents. There were no records in the care plan to support what action had been taken in response to the incidents or whether they were reportable as safeguarding concerns. This meant that people's needs, rights and best interests were not being properly safeguarded.

We found that the quality of information contained in the care records was variable and did not provide accessible information on each person's current needs. People's care plans, health action plans and risk assessments had not been updated since March 2012. The manager agreed that these did not always reflect the most current and agreed support for a person and needed review.

Staff records and other records relevant to the management of the services were not always accurate and fit for purpose. Staff training and supervision information was kept in several places and was incomplete. The provider's policies and procedures had not been reviewed since 2010 which meant that the manager and staff may not be using the most up to date legislation.

Records were kept securely but could not be located promptly when needed. Documents were held in the office as a mix of paper and electronic records. All computer based records were stored by appropriate security measures and paper records kept in lockable cupboards and filing cabinets when not in use. We found however that records were

randomly filed around the office and the manager was unable to locate some of the required documents in a timely manner. This showed that records were not stored in an accessible way for staff and other relevant professionals.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The provider did not have suitable arrangements in place to protect service users against the risks associated with the unsafe management of medicines. Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: Staff were not supported in relation to their responsibilities to enable them to deliver care and treatment to service users safely and to an appropriate standard, by receiving appropriate training, professional development and supervision. Regulation 23 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010
Accommodation for persons who require	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010

This section is primarily information for the provider

nursing or personal care	Records
	How the regulation was not being met: The arrangements for record keeping did not give assurance that people using the service were protected against the risks of unsafe or inappropriate care and treatment. Regulation 20 (1)(a)(2) HSCA 2008 (Regulated Activities) Regulations 2010

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 09 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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