

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: 13 September 2013

Date of Publication: October 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Safeguarding people who use services from abuse

✓ Met this standard

Management of medicines

✓ Met this standard

Supporting workers

✓ Met this standard

Records

✓ Met this standard

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Safeguarding people who use services from abuse	6
Management of medicines	8
Supporting workers	10
Records	11
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Maple House had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Management of medicines
- Supporting workers
- Records

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 13 September 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

At our last inspection in May 2013 we identified areas where the provider was not meeting the essential standards of quality and safety. The registered manager sent us an action plan to tell us how the service was going to become compliant with the regulations. We carried out this inspection to review improvements.

We met with all three people living at Maple House. One person told us they were happy with the support they received and liked the staff. The two other people were unable to share direct views about the service but appeared comfortable and relaxed in their home. We spoke with the deputy manager and one member of staff on duty.

At this inspection we found there had been improvements. The arrangements for staff training and supervision had improved. Staff told us they had attended more training which supported them in their role.

We found that systems for managing medicines had been strengthened and the required records for people using the service were being accurately maintained. People using the service had accurate, personalised care plans, which had been updated to reflect their agreed care and support arrangements. This meant staff had the information they needed to meet people's individual needs.

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

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

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

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.

Reasons for our judgement

Our inspection of this standard was included as part of our routine inspection programme.

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. We spoke to one person using the service. They told us that they felt safe and would speak to their keyworker or the manager if they were unhappy about the way they were treated.

We spoke with one staff who knew the process to follow if they had any concerns that a person using the service had been harmed. We saw that the policy had been reviewed and updated in line with the PAN London guidance. (Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse). The provider may find it useful to note that relevant contact numbers for reporting any concerns regarding abuse were not readily available for staff.

Since our last inspection, records showed that all staff had attended training on safeguarding vulnerable adults. This included training on how to recognise and deal with abuse. The deputy manager told us that all staff had completed on line 'e-learning' training through the local authority. We saw certificates to support this.

The manager and staff team had also completed training on the Mental Capacity Act or Deprivation of Liberty Safeguards. This was arranged through Sutton council's training and development programme.

We saw that the service had appropriate arrangements in place to monitor the management of people's money to reduce the risks of financial abuse. In addition to daily checks of people's money by staff, there was a mixture of random and regular audit checks by management to make sure people's money was dealt with appropriately.

Our records reflect that no safeguarding incidents or allegations of abuse had been received by us at the time of this inspection. We were told that there had been no allegations of abuse received or referred by the service.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

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

Our inspection of 24 May 2013 found that people were not protected against the risks associated with medicines because the provider had insufficient arrangements in place to manage medicines. Following our inspection the registered manager sent us an action plan stating how they would achieve compliance and that actions would be completed by 24 July 2013.

Appropriate arrangements were in place in relation to the recording of medicine. Staff completed Medicine Administration Record (MAR) charts for each person. These charts had been prepared by a local pharmacy that delivered all medicines to the home. The records we checked were fully completed and showed that people had received their medicines as prescribed.

Medicines were prescribed and given to people appropriately. There was a medication profile for each person which gave staff information about the medicines prescribed, the dose and reasons for use. These had been updated for accuracy since our last inspection. The MAR charts included details of when PRN (as and when required medicine) should be given. There were also guidelines signed by the GP to support this. We saw that all staff had completed a refresher course in the safe handling of medicines in July 2013.

Medicines were handled and disposed of appropriately. Appropriate arrangements were in place to order new medicines and to dispose of medicines that were no longer needed. There was a system for checking all prescribed medication and records for the running balance of medication and any remaining stock. We saw that weekly checks on medicine administration records and stock were now being carried out to identify and resolve any medication discrepancies promptly. This meant that there was an audit trail for checking that people had received their medication correctly. Since our last inspection a senior member of staff had been designated to oversee the management of medicines.

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

people using the service were prescribed controlled medicines.

We saw that there were appropriate risk assessments in people's records to show whether they were able to manage their medicines. There were records to show that each person's capacity had been assessed and that their consent had been obtained.

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

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.

Reasons for our judgement

Our inspection of 24 May 2013 found that systems were not in place to ensure that staff were appropriately trained and supervised. The manager told us in their action plan that staff were being enrolled on training courses and receiving monthly supervision.

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

Staff received appropriate professional development. Since our last inspection, the manager had created a training matrix for all staff that showed what training had taken place and what training was planned. We noted that all staff had completed training in safeguarding, the Mental Capacity Act and safe handling of medicines. The deputy advised that all staff were scheduled to complete a fire safety refresher course in the next few months. They also told us that there were plans for all staff to complete other mandatory training through the local authority's training and development programme. We saw that staff had begun to update the training they needed to care for people and meet their assessed needs. For example, one member of staff had completed a training course on autism. The two staff we spoke to were aware of the support needs of people using the service.

The arrangements for supporting staff had improved. We saw that staff had received at least one supervision meeting with the manager or deputy to discuss their work and identify training needs. Following our inspection, the manager had also held a staff meeting to discuss plans for improvement and to delegate responsibilities.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

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

Our inspection of 24 May 2013 found that standards of record keeping did not give assurance that people's needs, rights and best interests were being properly safeguarded. Care records were not always up to date and did not reflect people's most current and agreed care needs. The manager sent us an action plan stating how they would achieve compliance and that actions would be completed by 24 July 2013.

People's personal records including medical records were accurate and fit for purpose. The deputy manager told us that the care records for each person had been reviewed since our last inspection. People's files were indexed and clearly ordered meaning that information about their care and support needs was easily accessible. A personal profile entitled "Who am I" had been introduced. This was written in a person centred way and gave staff an important summary about the person's individual needs, preferences and how they liked to be supported. We saw evidence that support plans and risk assessments had been updated and that changes were made to people's care records as necessary. This meant that staff were working with the most up to date information to meet a person's needs. The staff we spoke to felt that record keeping had improved significantly.

At our last inspection we found that records of incidents and accidents involving people using the service had not been consistently completed. It was also not clear what action had been taken in response to accidents or incidents. The deputy manager explained that the accident and incident procedure had been reviewed. We were told that policy now required two members of staff to complete the accident or incident report. The manager then completed an investigation report which included details of any actions taken and whether the event was reportable to the Care Quality Commission. We saw evidence to support this in one person's records. Changes to the home's procedure had also been discussed with staff at a recent team meeting.

There was also a table of statutory notifications displayed in the office. This gave staff information about what events must be reported to the Care Quality Commission under the Health and Social Care Act 2008.

Records were kept securely and could 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 securely in the locked cabinets when not in use.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We saw that staff files had been reorganised for accuracy. There was a range of policies and procedures available to staff in the office. We saw that some of these had been updated to reflect current legislation and practice. The policy folders were clearly named and the deputy manager promptly found the documents we requested throughout our inspection.

Overall we found that the standard of record keeping had improved which meant that people's rights and best interests were better safeguarded.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
