

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

Maple Lodge

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Maple Health UK Limited
Registered Manager	Mr. Keith Walters
Overview of the service	Maple Lodge is a small residential home registered for five people with learning and physical disabilities and who have autism.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 6 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we used different methods to help us understand the experiences of people who used the service. Where people were unable to tell us about their experiences, we used observation and noted people's responses to staff. We saw that people appeared calm and relaxed in the presence of staff.

We saw that each person had their own unique communication plan which staff and other professionals used to support them in understanding people's wishes and aspirations.

We saw that care plans and risk assessments were regularly reviewed with people who used the service or relatives if they were unable to fully participate. We saw that staff were knowledgeable about people's needs and promoted their independence. During our discussions with staff we found that they had a good understanding and awareness of people's care needs and preferences.

We saw that the provider had an effective recruitment and selection process in place.

We saw that there was a complaints policy and procedure in place which was in an easy read format. The staff were able to explain the complaints procedure. People who used the service told us they were aware of how and who to complain to.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our inspection we used different methods to help us understand the experiences of people who used the service. If people were unable to tell us about their experiences, we used observation and noted people's responses to staff. We saw that people appeared calm and relaxed.

People who used the service, their representatives or advocates were given appropriate information and support regarding their care and treatment. Before people moved to the service they, or their families, visited the service to assess if it was appropriate to their needs.

We observed staff respecting people's privacy by knocking on doors, waiting for an answer before they entered and introducing themselves. We saw staff called people by their preferred name and observed people who used the service participating in activities of their choice. We saw one person communicating their choice of activity with a staff member by the use of pictures and symbols.

The manager told us when people moved to the home, staff worked with them, their families or advocates to explore their preferences, choices, strengths and abilities. These choices formed part of people's care plans and risk assessments and were reviewed with people regularly.

The manager told us people who used the service and their relatives were involved in the regular reviews of their treatment, care plans and risk assessments. This was to assist people to safely retain their independence.

We saw records that confirmed that people who used the service met with their key-worker monthly. This provided an opportunity for them to discuss how they wished their care and support to be provided, menu planning, choosing activities and providing feedback about

what it is like living in Maple Lodge.

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

During our inspection we looked at the care records of two people who lived at the home. These contained detailed assessments of people's needs that had been carried out prior to them moving to the home and included relevant information from other health care professionals. These formed the basis for the care plans. These plans were written in a factual and non-judgemental way and provided an on-going picture of the care and support that people received.

The care plans included people's preferences and dislikes. They contained sufficient information which identified people's abilities and areas where people required support to maintain and develop their independence. We saw that these were regularly reviewed and updated with people including following an incident or event. We saw that people's documents were in a format that they were able to easily understand, these included things such as pictures and symbols.

We saw that referrals to other health care professionals had been made by the home to support people's health care requirements, such as the behavioural assessment team, epilepsy nurse and speech and language. This demonstrated the provider sought appropriate professional health and care support, to maintain and reduce the risk of deterioration in people's health.

Staff told us that care plans and risk assessments were informative and provided clear guidance on people's needs, wishes and aspirations. Staff told us any changes to people's care were discussed during handover periods and recorded in care plans. We saw there was regular monitoring of people's welfare and records that showed issues of concern were passed on to the relevant professionals appropriately.

Each person had an allocated keyworker who held keyworkers sessions with them monthly to plan and review people's wishes, aspirations and progress. We saw the provider was in the process of implementing a new format for the care and support plans which will streamline the number of documents in use whilst ensuring that they are more person centred ensuring that they contain guidance for staff to promote peoples abilities and independence.

We reviewed the daily care and support records which had recently been developed and saw that they identified the care and support that had been provided was in line with the persons identified needs recorded within the care and support plans.

We saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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

We saw the provider's procedure for raising safeguarding alerts; this clearly explained how to report concerns and who to report them to. Staff we spoke with told us where the procedure could be found and that it was easily accessible to them.

We saw that the safeguarding of vulnerable adults policy and information relating to what to do if people had concerns regarding suspected abuse were displayed in the public areas. These contained contact details for the provider's head office, the Local Authority Safeguarding Team and the Care Quality Commission.

We viewed staff training records, which confirmed that all of the staff had attended Safeguarding of Vulnerable Adults training.

During our inspection members of staff we spoke with were able to identify the different types of abuse which demonstrated that they understood what constituted abuse or poor practice. They explained what they would do if they saw or suspected abuse.

We saw that there was an easy read version of the safeguarding of vulnerable adults policy available.

This meant that people who used 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.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We reviewed four staff recruitment files during our visit. The files contained information to show the provider had carried out the right checks before staff began to work within the service. For example we saw comprehensive records of completed application forms, interview records, identification documents, job descriptions.

We saw that at least two references had been obtained before staff were employed. We also saw that the provider had explored the reason for any gaps in the people's employment record. We saw Criminal Record Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been carried out before staff started work and the right level of checks had been carried out.

This meant that appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place.

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

The manager told us that the people who used the service were given a welcome pack when they moved in which contained a copy of the complaints policy and procedure.

The policy clearly stated what to do if someone had a concern about the service. The complaints policy clearly identified timescales for acknowledging and responding to a concern or complaint. Details of what to do if someone was unhappy with the way a complaint was managed was also contained within the document.

The manager informed us that the complaints policy was kept in the office, due to a person who used the service regularly removing them. They also informed us that they had purchased a lockable display board, which would be placed in the entrance area.

Staff we spoke with were able to explain the complaints process and what action they would take if they received a complaint. The provider informed us that they had not received any complaints since the last inspection.

We saw that documents were available in a variety of formats including easy read. This demonstrated that the provider had considered the communication needs of the people who used the service.

We saw that people were made aware of the complaints system. This was provided in a format that met their needs.

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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