

The Lantern Community

Field Maple Tree

Inspection summary

CQC carried out an inspection of this care service on 06 February 2018 and 07 February 2018. This is a summary of what we found.

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

The inspection took place on 6 February 2018 and was announced. The inspection continued on 7 February 2018 and was again announced.

Field Maple Tree is a service made up of three homes in a neighbourhood on a large community campus. It is based on the outskirts of Ringwood and provides care and support to people with learning disabilities. It is registered to provide personal care. At the time of the inspection the service was delivering personal care to 14 people.

This service provides care and support to people living in three supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Field Maple Tree receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in

the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed safely. There had been a total of 41 medicine errors between January 2017 and January 2018. This had meant that on occasions people had not been administered medicines and other occasions insufficient quantities were available.

Robust governance and quality monitoring systems were not being completed regularly, established or embedded within the service. This meant that some areas for improvement to keep people safe had not been identified or actions put in place to address them. Staff supervisions did not take place regularly and annual appraisals were not completed.

Where it was thought that people had variable capacity, assessments and best interest decisions in relation to care and treatment and medicines had not been completed.

Incident reporting systems were not always effective or investigated appropriately.

People, relatives and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training. People were provided with information about how to keep safe and were asked their desired outcomes following any alert made.

People's independence was promoted and staff supported people to develop life skills. People told us that staff were kind and caring.

Personalised care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk management plans were completed, reviewed and mostly up to date.

People were supported with shopping, cooking and preparation of meals in their home. The training record showed that staff had attended food hygiene training.

People told us that staff were caring. During visits we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to relatives and noted that it contained positive feedback. There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints and that other complaints had been managed in line with the local policy. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staffing was delivered to a group of people in each house instead of being constructed to support individuals and medicines and care records were kept together in one centralised place like a care home setting. We found that this did not have a negative impact on people.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff

so that they had a good understanding of what was expected from them.

People, relatives and staff felt that the service was well led. The management team encouraged an open working environment. People and staff alike were valued and worked within an organisation which ensured a positive culture was well established and inclusive. The management had good relationships with people and delivered support hours to them.

The service was aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They also understood their reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

We have made a recommendation to the provider to seek guidance about good practice guidance on the subject of Supported Living.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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