



## Inspection Report on

**Maple Tree House**

**Bridgend**

**Date Inspection Completed**

28/10/2020

Final unpublished report

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## About Maple Tree House

Type of care provided	Care Home Service Children's Home
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	10 August 2020
Does this service provide the Welsh Language active offer?	No

### Summary

CIW carried out a focussed inspection in line with our improvement and enforcement process. This was to test the outstanding non-compliance raised at the previous three inspections in September 2019, February 2020 and August 2020, relating to well-being, care and support and leadership and management of the service. The service was deemed a service of concern and a notice of decision was issued to restrict admissions.

At this inspection, we found there have been positive changes and developments to processes and structures and to some of the internal systems supporting staff to care for young people. Safeguarding systems in place are more robust with a reduction in risk taking behaviour for some young people. Personal plans include more detail to allow care staff to understand young people's needs. Staff training has improved and there are better quality assurance systems in place. As a result the service has achieved compliance in all areas and are no longer deemed a service of concern and can now admit young people to the home.

Whilst some areas still require further improvement, the management team and Responsible Individual (RI) have fully engaged with CIW evidencing their commitment to improving the service to ensure they are compliant and continue to drive forward improvements.

## Well-being

Young people have a voice and they make choices on a daily basis about their food, clothes and activities. Processes are in place, which enable young people to express their views, and staff support and encourage them to make sensible decisions about their free time and their safety. Independence work continues to take place regularly and allows young people to develop their skills in preparation for independence. They have not made any complaints since the last inspection but told us they know how to raise anything that is worrying them or changes they want to make. Young people have regular contact with their social workers and they have access to advocates if they choose. Young people's views were seen to be included in professional meetings regarding their future move on plans.

Young people are safeguarded. Care staff are aware of how to raise a concern if required and appropriate action was taken when safeguarding incidents occurred. Risk assessments were more detailed; outlining what is expected from care staff in relation to keeping young people safe. Following our inspection the RI gave assurances that all potential risks would be included in the assessments. The majority of care staff had completed safeguarding training and all senior staff had completed their paediatric first aid training ensuring there is always a member of staff on shift who is trained. CIW received notifications as required and there has been a considerable reduction in the number received. Direct work is undertaken with young people to focus on key areas of concern in an attempt to reduce risks and to develop their skills.

Care staff support young people to be as healthy as they can be and to engage in education and activities. Healthy food is available at the home though young people do not always choose healthy options. With staff's encouragement, young people attend health appointments and specialist services to support their emotional and physical health. Staff advocate and encourage young people to attend education with mixed results. They ensure that young people see and keep in touch with their families regularly. Attempts to create consistent routines and regular activities continues to be implemented with this being more successful for some young people than others.

The accommodation is suitable for short-term placements in line with the services model. Improvements have been made to the environment including new flooring; new furniture and parts of the home had been redecorated.

## Care and Support

The service provider has made considerable changes to the way staff have the information they need to understand and meet young people's needs. Individual personal plans give staff detailed guidance on how best to meet young people's day-to-day needs and are reviewed as required. Plans could be further enhanced by more involvement from the young people and to ensure they include all the important details as outlined in young people's documents. Direct and independence work is carried out frequently to assist with developing skills and helping young people to understand their risk taking behaviour. The success of these sessions resulted in some young people's preparation for interview and going on to gain employment.

Safeguarding measures are in place to ensure appropriate action is taken. Young people told us they felt safe. The service has been proactive in reviewing their staffing arrangements and additional staff are now available when required. Handover meetings take place between each shift to allow important information to be shared. Additionally, the number of concerning incidents occurring at the home have reduced with staff acting appropriately when required. Risk taking behaviour for some young people has reduced with much more positive outcomes being achieved. The recording systems at the home have improved with better detail regarding the whereabouts and engagement with young people but although improved these are still in need of further improvement to ensure they are capturing the full detail required on the documents provided. Incident records could be further developed by providing greater detail and specific timings of such events to provide an audit trail for safeguarding purposes. There are fortnightly professional meetings in place to discuss the young people placed, their progress and a plan moving forward.

Medication management systems are better managed. The medication records at the service were improved. There was evidence of regular checks being carried out to ensure all the medication was in place. Double signatures were evident when dispensing medication to young people. Where there have been errors, the correct processes have been followed and this has been identified in a timely manner.

## Environment

As this was a focused inspection, we have not considered this theme in full.

We looked around the home as part of the inspection. The home is in a good state of repair and decoration indoors and out. All areas of the home were clean and tidy.

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## Leadership and Management

The responsible individual is committed to supporting staff, making the necessary improvements to meet regulations and to provide a service in line with their statement of purpose. The service has taken action to establish better systems and oversight of the service. The service is currently in the process of recruiting a new experienced manager, efforts have been made to appoint but they are awaiting a suitable candidate. In the interim, a group manager is overseeing the service alongside another temporary manager. The behaviour clinic, an assessment and therapy clinic are commissioned to be based at the service three days a week to provide assessments, therapeutic input, behaviour analysis and training for staff to provide a more consistent and engaged approach with young people. As a result, there has been a risk reduction in some instances and good investment and engagement from some young people.

Staff retention and morale is good; those we spoke with said they enjoy their work, they feel listened to and able to seek support when required. The service provider has reviewed its training across the staff team. All senior staff members now have first aid training. The majority of staff have safeguarding and team teach training and a number of staff have received Criminal Sexual Exploitation (CSE) training. Additionally, in the absence of face to face training during the pandemic, the service have introduced 30 E-learning modules applicable to the role which staff are currently undertaking and these should be prioritised by the staff team. The service provider is actively exploring training for staff on issues that are more complex and training to meet individual young people's needs. Staff supervision takes place but not at the specified timescale outlined in the service statement of purpose. Additionally, team meetings have not taken place due to difficulties since the pandemic outbreak. However, the responsible individual is committed to ensure these areas improve and is addressing the matter.

Quality assurance systems are in place and have improved but further development is required. The RI had undertaken a visit as had another manager within the service. Reports evidenced the progress the service had made and also highlighted some areas for development. Better analysis of information viewed will allow for shortfalls to be identified and rectified in a timely manner.

## Areas for improvement and action at the previous inspection

Regulation 15 – Personal Plan: Personal plans were not prepared in line with statutory guidance - outcomes were not specific and measurable. They also did not include the detailed guidance to staff about how personal outcomes would be met. Risk assessments did not include specific and detailed guidance to staff to minimise risk or evidence the success or otherwise of strategies staff were to follow.

Regulation 15(1)

**Achieved**

Regulation 26: Safeguarding The service provider has not ensured that the service is always provided in a way which ensures that young people are protected from harm and abuse.

Regulation 26

**Achieved**

Regulation 36 – Supporting and developing staff: The service provider needs to ensure that staff are supported, receive regular supervision, core training appropriate to the work to be carried out and more specialist training as appropriate.

Regulation 36(2)

**Achieved**

Regulation 80 – Quality of care review: The service provider has not ensured suitable arrangements were in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.

Regulation 80(1)

Regulation 80(2)

Regulation 80(4)

**Achieved**

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

## Areas where immediate action is required

None



**Areas where improvement is required**

None

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