

# The Maples Residential Care Home Limited

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## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

At the last inspection in September 2015, the service was rated 'Good'. At this inspection, the service continued to be Good.

The Maples is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Maples provides care and accommodation for up to seven people with a diagnosis of a learning disability or autistic spectrum disorder. There were seven people living in the home in the time of our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is required to have 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 and associated Regulations about how the service is run. At the time of our visit he registered manager had been in post for over 20 years.

People felt safe living at The Maples and there were enough staff to respond to people's needs in a timely way. Procedures were in place to protect people from harm and staff knew how to manage the risks associated with people's care.

Staff turnover was low and the provider's recruitment procedures minimised, as far as possible, the risks to people's safety. Staff were confident the training they received gave them the knowledge and skills to meet people's needs effectively.

The majority of staff told us they felt supported by the management team. Staff had opportunities to contribute their ideas to share suggestions and good practice.

The home was clean and well maintained. Regular checks of the building and equipment took place to make sure they were safe to use.

The provider was working within the principles of the Mental Capacity Act (2005). Staff respected the decisions people made.

Staff were friendly and caring and they enjoyed spending their time with the people who lived in the home.

Staff were responsive to people's needs and supported people to make and communicate their choices.

People enjoyed the food and nutritionally balanced meals were available.

People's medicines were stored and administered safely. People received the care and treatment they required from health professionals.

People chose to take part in a variety of social activities which they enjoyed.

People were supported to be independent and staff respected people's right to privacy.

People were happy with how the home was run and they were involved in planning and reviewing their care.

They told us they felt listened to and they had opportunities to feedback on their service they received.

People knew how to make a complaint and felt comfortable doing so. Effective systems to monitor and the review the quality of the home were in place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Maples Residential Care Home Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 November 2017 and was unannounced. The inspection was conducted by one inspector.

Before the inspection visit we reviewed the information we held about the home. We looked at the statutory notifications that had been sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no new information to share with us.

The provider had also completed a Provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information reflected the service we saw.

During our visit we spoke with five people who lived at the home, two relatives, the registered manager, the deputy manager, the human resources advisor and two care staff.

We reviewed two people's care records to see how their care and support was planned and delivered. We looked at recruitment records for two staff members and other records related to how the home operated. This included checks the management team took to assure themselves that people received a good quality service.

Following our visit we spoke with one more staff member via the telephone to gather their views.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People described the atmosphere at The Maples as 'homely' and 'safe'. One person explained they felt safe because they had lived happily at the home for over 20 years and they trusted the staff. Another person said, "We lock the door at night time to keep us safe."

People told us there were enough staff to keep them safe. Overall, staff told us there were enough of them to respond to people's needs in a timely way. However, one explained the morning of our visit had been busier than usual as one person had been supported to attend an appointment. The registered manager told us there were two staff vacancies at the home during our visit and a member of the management team was always available to support the staff team during busy periods throughout the day. We saw this happened during our visit.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Relevant checks were completed before staff worked in the home. These checks included references and a Disclosure and Barring Service (DBS) check.

Staff were knowledgeable about the risks associated with people's care. The provider had systems for assessing and managing risks both at home and in the community. Risk assessments we looked at had been updated as required and contained sufficient information for staff to reduce and manage risks. For example, one person often became tearful and anxious. We saw staff used a consistent approach to positively engage with the person which reduced their anxieties. The person told us, "Staff know how to help me when I am feeling upset, I ask them to help me and they do."

Procedures were in place to protect people from harm. Staff received training and knew to follow procedures to safeguard people from abuse. One recent safeguarding referral had been correctly made to the local authority, which assured us the management team understood their responsibilities to keep people safe.

A system to monitor accidents and incidents that happened in the home was in place. We checked to see how the provider ensured lessons were learned where any incidents had occurred. The assistant manager told us a recent inspection at another location run by the provider had resulted in them re-designing the incident form in use. The form supported them to capture information required to make improvements and learn lessons where things went wrong.

There were processes to keep people safe in the event of an emergency such as a fire. One person said, "I go outside if I hear the fire alarm, we practice sometimes." People had personal fire evacuation plans which meant staff and the emergency services would know what support people required to evacuate the building safely.

People received their medicines as prescribed. Medicines were securely stored and staff were trained in administering medicines; their competence to do this safely was assessed regularly. One person told us, "The staff give me my tablets to make me feel better." Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them such as to reduce their anxiety or to relieve pain. However, the guidelines in place for staff to follow to ensure these medicines were given consistently lacked detail which meant people could be given medicines when they did not need them. We discussed this with the registered manager who assured us they would take action to add further detail.

People and their relatives told us the home was always clean. Our discussions with care workers assured us they understood their responsibilities in relation to health and safety infection control. We saw staff used personal protective equipment when it was required such as, when they prepared food and completed cleaning tasks.

Records looked at demonstrated regular checks of the building and equipment took place to make sure they were safe to use. For example, electrical items had been checked in the 12 months prior to our visit.



# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill and experience to enable them to meet people's needs as effectively as we found at our last inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People's relatives told us they felt the staff were well trained to provide the care and support people needed. One said, "They (staff) seem to know what they are doing."

Staff were confident the training they received gave them the knowledge and skills to meet people's needs. They had received an induction which included shadowing more experienced colleagues and working towards the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected of care workers. The staff team also had opportunities to complete additional qualifications, such as social care diplomas.

Staff had regular opportunities to meet on a one to one basis with a manager, which helped them to develop their skills and reflect on their practice. Staff told us the registered manager or the assistant manager regularly observed their practice and gave them feedback they could use to improve how they worked with people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care plans contained mental capacity assessments which were decision specific and individual to people. All of the people who lived at the home had been assessed and some did lack capacity to make all of their own decisions. We saw best interest decisions had been made for some people who lacked capacity. The outcomes of these decisions were recorded. Authorisations to deprive some people of their liberty had been sought and approved in line with legislation.

The management team had a good understanding of the principles of the MCA. They gave examples of applying these principles to protect people's rights, such as, respecting people's decisions to refuse care. Staff told us they had completed training in MCA. Despite this our discussions with them did not assure us they had a good understanding of the legislation. However, we observed they sought people's consent before supporting them.

Assessments of people's support needs had been carried out prior to them moving into The Maples. Assessments included people's physical and emotional needs. Care plans had been developed from people's assessments that informed staff what care and support people needed and how they liked this carried out.

Staff read people's care records and attended a 'handover' when they came on duty. These meetings ensured staff had up to date information such as, how people were feeling and what they had chosen to do to occupy their time. This meant people received the care and support they needed.

People told us they enjoyed the food provided at the home and staff demonstrated a good knowledge of people's nutritional needs. One person was at risk of losing weight. We saw high calorie milkshakes and foods with full fat milk and cream were provided to increase the person's calorie intake.

People were involved in decisions about how their home was decorated. For example, one person said, "We made changes in the garden so we can get out there more. We are getting new garden furniture soon." Another person's favourite colour was pink and they told us their bedroom was decorated to reflect this.

People told us they were supported to have regular health checks and referred to other healthcare professionals. One person had recently been supported by staff to attend a routine dental appointment.

## Is the service caring?

### Our findings

At this inspection we found the staff and management team provided the same level of caring support as at our last visit. The rating continues to be Good.

One person told us, "Staff are very kind, they are like my family." Another said, "Staff are friendly." Relatives spoke positively about the caring attitude of the management team and the staff. One said, "The staff do care, they want the best for people, they have really good intentions."

Our discussions with relatives assured us they were always made to feel welcome, and could visit the home whenever they wanted. This helped people maintain relationships that were important to them. Staff told us one reason they enjoyed working at the home was because they had built up meaningful relationships with people and their families over a number of years.

We spent time in communal areas of the home and saw interactions between people and the staff were always positive. Staff approached people with friendliness and spoke about them with warmth and affection. Staff also observed people's body language, to find out what they liked and disliked. Staff said this was important and helped them to gain an understanding of how people wanted their care to be provided.

The staff team continually supported people to be as independent as they wished to be. One person had poor mobility and used a walking aid to help them access different areas around their home. We saw staff gently reminded them to use their walking aid throughout our visit. One staff member said, "I remind (Person) because they can sometimes forget. I don't want them to fall over." Where possible, staff also involved people in tasks and jobs around the home to encourage them to maintain their everyday living skills such as completing laundry tasks and cleaning.

Staff respected people's right to privacy. We saw they knocked on people's bedroom doors and waited for permission before they entered. Staff also discreetly asked people if they needed assistance with their personal care and this was provided in their bedroom with the door closed to maintain their dignity.

Confidential information regarding people was kept locked so people were assured their personal information was not viewed by others.

## Is the service responsive?

### Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people who lived at the home continued to receive good, responsive care.

Staff were responsive to people's needs and had a good knowledge of how they preferred their support to be provided. We saw they were patient and gave people time to make choices. They also understood the way people preferred to communicate, which included using pictures and gestures. This helped them to understand what people were trying to tell them.

The registered manager told us because the service was small they knew all the 'small things' about people which meant they provided a personalised service. For example, they knew one person's religion was important to them and they found comfort in daily prayer and attending weekly church services. Staff described to us in detail people's preferred routines. We looked at a selection of care plans and saw people's preferences were recorded which supported staff to provide care in line with people's wishes. Staff told us if a person's needs changed they would tell the registered manager and the care plan was then updated.

People confirmed they were involved in the planning and review of their care. Comments included, "We have meetings to talk about how I am feeling and if there is anything that I want to change about my life." And, "We get together to discuss what I want to do in the future. Staff help me to plan my holidays."

A keyworker system ensured people were supported by a consistent named worker. Staff confirmed they had enough time to read people's care plans. This meant staff had up to date information about people's health and wellbeing.

Staff knew what support provided comfort to people and we saw appropriate distraction techniques were used when people became anxious. For example, one person became tearful and staff promptly provided reassurance and spent time singing songs with them. We saw this reduced the person's anxiety.

People chose to take part in a variety of social activities which they enjoyed. On the day of our visit one person requested to go out for lunch. We saw they were supported by the assistant manager to do this. Another person chose to remain at home and watch their favourite television programmes. A third person attended a community day centre. A staff member explained this had a positive effect on the person's wellbeing because they spent time with their friends.

People and their relatives knew how to make a complaint and felt comfortable doing so. Information on how to make a complaint was displayed in the home in a format people could understand. A relative commented, "Nothing to complain about, everything is ok at the moment." Records showed no complaints had been received since our last inspection. The management team told us they welcomed complaints because it enabled them to continually improve the service people received.

## Is the service well-led?

### Our findings

At this inspection, we found the home continued to be as well-led as we had found during the previous inspection. One person said, "Management is good here." A relative told us, "I'm happy with how home is run." They explained this was because the registered manager was approachable and listened to them. The rating continues to be Good.

The registered manager had been in post for over 20 years and had many years of experience working in health and social care. They were supported by an assistant manager and a human resources advisor.

The management team told us they used different methods to keep their knowledge of legislation and best practice up to date. For example, attending manager's forums in the local area to share ideas. The assistant manager told us this helped them to demonstrate their compliance with regulation.

The majority of staff told us they felt supported by the management team and the home was managed and led effectively. One staff member told us, "Yes management is fine here." However, another said they did not feel supported or listened to by managers, and that they had raised this issue. They told us they were not satisfied with the response they had received. Shortly after our visit we were made aware they had resigned from their employment at the home for this reason. In response the registered manager told us the staff member had not raised any concerns with them and they had resigned from their post without raising any concerns with the management team. They told us they were disappointed this had happened and assured us they would speak with other staff to ensure they felt supported.

Staff were supported through regular team meetings, which gave them the opportunity to share their views, hear about progress made on any issues raised, and for the registered manager to share important information.

Staff members told us their work performance was monitored through meetings and by working alongside the registered manager. Overall, they felt this was good because it meant the management team had an overview of the quality of care provided to people.

The home worked in partnership and shared information with key organisations such as, psychiatrists and social workers to ensure people received joined-up care which met their needs. Some links with the local community had been formed which included a local community gardening service.

There were systems in place to monitor and review the quality of the home. The management team completed regular checks to identify any issues in the quality of the care provided. This helped to drive forward improvements. We were made aware that more checks had recently been implemented such as, an infection control audit to ensure cleanliness of the home was maintained. The incident record and safeguarding form in use had also been redesigned ensure the home learnt lessons when things went wrong.

The registered manager explained they were in the process of implementing a new electronic system at the

home, which included recording the training the staff team had completed. Staff told us they had completed training but at the time of our visit an overview of completed training was not available.

The management team were responsive to people's feedback. People and their relatives told us they felt listened to and their requests were promptly acted upon. We saw questionnaires had been sent to people in the six months prior to our visit. The feedback had been analysed and showed no one felt any improvements were required.

The registered manager knew which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received notifications from the home as required. They understood the importance of us receiving these promptly so we could monitor the information and ensure any necessary actions had been taken.

It is a legal requirement for the provider to display their ratings so that people are able to see these. We found their rating was displayed within the home.