

# Kings Residential Care Homes Limited

# Maple House

## Inspection report

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## Ratings

### 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



## Overall summary

The Inspection took place on 21 July 2015 and was unannounced.

At our last inspection on 2 July 2013 the service was meeting the regulations.

Maple House provides accommodation for up to five people who are aged over 18 and who have learning disabilities or Autistic Spectrum Disorder. The home has five single bedrooms, a communal lounge, dining room,

kitchen and conservatory. The home has a large garden which has a sensory room, a spa tub and an allotment. There were five people living at the service at the time of our inspection.

The service had a registered manager. 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.

# Summary of findings

People's care plans were individualised and included details about people's likes, dislikes and preferences in the way that staff supported them with their care. Risks relating to people's care were assessed and control measures had been put in place to ensure that the risks were reduced. Staff provided care and support in line with people's care plans.

Staff were kind, considerate and caring and knew the needs of the people that used the service well. There was detailed information about people's behaviours that challenged others and guidance for staff on their response to ensure that this was consistent between members of the staff team.

There were policies and procedures in place to support the safe management of medicines. Medicines were being stored above the recommended temperature.

There were enough staff to meet people's needs. There was a recruitment process in place that protected people

from being supported by staff who were unsuited to the job. Staff received a thorough induction and time to get to know the people they were going to be supporting before providing direct care and support.

People were supported to follow their hobbies and interests within the service and at externally held events.

Staff had an understanding of the Mental Capacity Act 2005 and the requirements of it. Decision specific mental capacity assessments had not been carried out where there had been a concern identified about a person's capacity.

People felt able to raise any concerns with the registered manager. Where complaints had been raised they had been investigated, responded to and action taken to prevent them from occurring again.

Statutory notifications had not been completed and sent to CQC as required.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Staff had a good understanding of the types of abuse and how they were able to report any concerns. We found two safeguarding incidents that had not been reported as required. Risks associated with people's care had been assessed and control measures to reduce the risks had been put in place. People had their medicines at the right time, but medicines were stored above recommended temperatures.

Requires improvement



### Is the service effective?

The service was not consistently effective.

Staff received regular training and supervision to enable them to carry out their role. Decision specific mental capacity assessments had not been carried out. People were provided with a balanced diet and had access to health professionals as they required.

Requires improvement



### Is the service caring?

The service was caring.

Staff were kind, considerate and caring and treated people in a dignified manner. Staff respected people's individuality and acted in accordance with their likes, dislikes and preferences in the way they supported them.

Good



### Is the service responsive?

The service was responsive.

People's care plans were individualised and monitored to ensure they were still continuing to meet people's needs. People were supported to follow their hobbies and interests. Complaints that had been made had been investigated and action taken to prevent situations from occurring again.

Good



### Is the service well-led?

The service was not consistently well led.

Staff at the service felt able to discuss any concerns with the registered manager. Statutory notifications had not been completed and sent to CQC as required. Staff shared the same vision and values of the service and spoke highly about the standard of care and support.

Requires improvement



# Maple House

## 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 inspection took place on 21 July 2015 and was unannounced. The inspection was carried out by two inspectors.

We looked at and reviewed the provider's information return. This is information we asked the provider about how they are meeting the requirements of the five key

questions. We had not received any notifications from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authorities who had funding responsibility for people who were using the service.

We spoke with the registered manager, two team leaders, and two members of care staff. We met five people who used the service and observed staff communicating with them. We spoke with three relatives of people who used the service and received feedback from two other relatives. We looked at the care records of three people who used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

# Is the service safe?

## Our findings

Some of the people who lived at the home had limited communication so we were unable to obtain direct verbal feedback about their experiences. Relatives that we spoke with told us that they felt that the service was safe. One relative told us, “[Persons name] is really happy at Maple House.” Another relative told us, “[Person’s name] is absolutely safe [at the service].”

Staff we spoke with had a good understanding of the types of abuse and how they were able to report any concerns that they had. Staff training records confirmed staff had received safeguarding training.

We looked at accident and incident forms that had been completed by the service. There were two incidents of choking due to someone being given which was not appropriate for them. These incidents had been recorded and the registered manager had investigated the incidents and taken appropriate action which included making referrals to the Speech and Language Therapists (SALT) for advice. SALT provide support and advice for people who have difficulties with communication, or with eating, drinking and swallowing. The manager had not referred these to the local authority safeguarding team as required by protocols with the local authority. There had been no notification of these incidents to the CQC. The local authority have the lead responsibility to investigate safeguarding concerns and it is a requirement of the Care Quality Commission (Registration) Regulations 2009 to report any abuse or allegation of abuse in relation to a person who uses the service to CQC. **We recommended that such incidents are referred to the local safeguarding authority, which has the legal responsibility for safeguarding concerns.**

We looked people’s care records and found risks were assessed and control measures were put in place where risks were identified. Risks were identified within each section of people’s care plan, with guidance of how to reduce them. For example risks around behaviors that challenged others were identified. Actions that staff could take to support people and deescalate these were clearly detailed. Staff were able to tell us about the risks and control measures relating to people’s care and support.

We saw that care plans, risk assessments and health action plans were reviewed on a regular basis to ensure that the information in them was up to date. Changes were identified as part of the review process.

Personal fire evacuation plans had been completed and were kept in each individual file. Fire safety procedures and checks were also in place. This included safety checks on equipment and the premises, including the fire alarms and water checks. There was a hoist that is in use that has to have a Lifting Operations and Lifting Equipment Regulation 1998 (LOLER) check on a six monthly basis. The last service was in December 2014 and the next one was due to take place in June 2015 and had not yet been carried out. The manager advised that she would arrange for this to be done as soon as possible.

There were enough staff to meet the needs of the people living at the service. There was one member of staff for each person at the service and this was a higher staffing level than had been identified as necessary for the people living at the service. Where two staff were required, based on assessed levels of support, there were additional staff on the rota. This was for time spent outside of the service. The activity plans were used to identify when additional staffing levels were required.

Staff told us that there were always enough staff on duty to meet people’s needs and explained how staff members were always willing to cover additional shifts if the need arose. Rota’s we saw confirmed this.

The provider followed a recruitment process to ensure that they carried out appropriate checks on staff members before they started work to keep the people who used the service safe. We looked at the recruitment records of four people who worked at the service. All pre-employment checks had been completed before staff started work at the service.

We looked at the management of medicines. There were policies and procedures in place to support the safe management of medicines. Two staff gave medication at all times, and both staff signed the medicine administration records. Arrangements were in place to obtain, administer and record people’s medicines. All medicines were stored securely in a locked room. However, the temperature of the room was too hot for the storage of medication. This had been identified by a team leader, a few weeks prior to our inspection, and reported to the manager. The manager

## Is the service safe?

advised us that they had developed a plan with the provider to move where medicines were stored and ensure they were stored at the correct temperature. They said that the timescale for this work to be completed was two to four weeks.

Where people were receiving specific PRN (as required) medicines, there were PRN protocols in place that had been signed by a GP. Each person had a medication profile

detailing what medicine they took, what it was for and side effects that it may cause. Protocols were also being developed for medicines that were prescribed as required but were not for a specific need. For example paracetamol tablets for pain relief. Staff told us that a protocol was being developed to describe how people communicated that they were in pain to make sure that medicines were administered for the correct reason.

# Is the service effective?

## Our findings

Staff received regular training and supervision to enable them to carry out their roles. Staff told us that they had received a thorough induction to the service and plenty of opportunities to get to know people that used the service before they provided their direct support. The majority of training that staff undertook was through the completion of distance learning booklets on different subjects that they needed knowledge of as part of their roles. We saw that where the staff required training for specialised subjects, training was provided by an external trainer, for example training in administration of a particular medicine. Staff told us they felt they may benefited from training in the use of Makaton which was a method of communication used by a person at the service. The registered manager told us that this is something they would look into.

Staff told us how they always asked for people's consent prior to carrying out any care. They told us that they were able to tell by people's body language and behaviours whether or not they were providing their consent. Staff had detailed knowledge and understanding of people's body languages and behaviours and we saw that these were recorded within their care records. Staff were able to tell us how they responded when people displayed behaviours that challenged others and we found that their responses were consistent with people's plans of care. This meant that staff responses to people's behaviours were consistent.

Staff were aware of the Mental Capacity Act (MCA) 2005. The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they receive. We found that care records made reference to people's capacity where there was a

concern identified. However, decision specific mental capacity assessments had not been carried out as required by the Act. Also where best interest decisions had been made, these had not been recorded and neither did records contain details of how these decisions had been made and who else had been involved. This meant that the provider had not fully adhered to the MCA legislation.

We discussed the Deprivation of Liberty Safeguards (DoLS) with the registered manager. The DoLS require assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager advised us that they recently made DoLS referrals to the local authority following advice from a commissioning worker. This showed us that the registered manager had an understanding of and was aware of the process to follow should they need to do so again.

Relatives told us that people at the service received a balanced diet. A relative told us, "[my relative] is provided with a suitable and varied diet." Another relative told us how they had been concerned at one time about their relative's diet but it was now being managed well. We looked records and found that people were varied balanced diets that met their needs. We saw that where the service had identified concerns around people's dietary needs they had made appropriate referrals to the SALT team. We saw that the service incorporated advice from the SALT team into people's care plans to ensure that it was followed by staff.

Staff took action when there were concerns about people's well-being, raising these directly with relatives or where appropriate external professionals such as GP's. A relative told us, "We are informed of any changes to [our relatives] health and we discuss [with staff] what to do. Any suggestions we make are quickly followed up."

# Is the service caring?

## Our findings

We saw that staff spoke to people in a caring manner and treated them with kindness throughout our visit. Relatives told us that staff understood people that used the service and knew them well. A relative told us, “We feel that they [the staff] genuinely enjoy being with the residents.”

Another relative told us, “We do find them very supportive.”

Staff were able to tell us about people’s likes, dislikes and preferences. We saw that important family members and important dates were recorded in people’s files. Staff told us how they were able to talk to people about this information and remind them of important dates. Staff told us how there was a key worker system in operation so that people had a key worker to oversee all aspects of their care. They believed that this aided people that used the service to form relationships with staff. A person’s relative told us how they regularly received feedback from their keyworker at the service.

Relatives told us that staff met people’s needs. We saw that staff communicated with people in their preferred way and allowed them time to understand what was being said. People’s individuality was respected by staff.

The registered manager told us that they had an Independent Mental Capacity Advocate (IMCA) working

with a person that used the service. The involvement of an IMCA is a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views. The service supported the person to access an IMCA to act on their behalf and had regular meetings with them.

Staff had a good understanding of how they were able to promote people’s independence while supporting them with their needs. For example by getting people to do as much as possible for themselves while staff were assisting them to carry out their personal care. We also saw how people were encouraged to be involved with household tasks such as by assisting staff to hang out washing.

Relatives told us that people’s privacy and dignity were respected. Staff told us how they respected people’s privacy and dignity while they assisted them. We saw that when staff assisted a person into their room to enable them to get changed they respected their privacy by shutting their curtains and the door.

People were encouraged to bring items into the service that enabled them to personalise their own private space and make them feel at home. We saw that people’s rooms were personalised and reflective of things that they liked.



# Is the service responsive?

## Our findings

Relatives told us that were involved in the development of people's care plans. We saw that care plans contained detailed information about people's care needs that relatives provided. A range of information was gathered and focussed assessments were carried out. These provided details about how staff could assist people to ensure that their needs were met.

People's care and support needs were continually monitored to ensure that care was provided in the way they needed it to be. Relatives told us that they were consulted about changes to people's care. A relative told us, "We are always consulted about [our relatives] care and directly involved in important choices and decisions." People received care that was personalised and met their individual needs. Staff were able to tell us about people's medical conditions, interests and their background. This information enabled staff to support people appropriately.

People were supported to follow their hobbies and interests. A relative told us how a person had been supported by staff to attend an event that they were interested in that was in another county. We saw that another person was supported by staff to keep their own pet and were involved in daily tasks to ensure its welfare.

Relatives told us that the service was open to suggestions about activities. They went on to tell us how they had suggested an activity and their relative had been supported to undertake it.

We saw that one person attended college and social events were organised to promote people's well-being. For example there was a weekly disco session held and events to celebrate occasions such as birthdays and special events throughout the year.

Relatives told us that would feel happy to raise any concerns or complaints with staff at the service and they felt confident that they would be acted on. A relative told us they had raised a concern and it was, "Responded to and dealt with in no time at all."

We looked at the complaints and concerns that had been raised. We saw that they had been investigated and action had been taken to prevent situations from occurring again. Relatives that we spoke with confirmed that any issues they had raised had been addressed.

We looked at the provider's policy for dealing with complaints and although it provided details of the process it did not provide any details of where people were able to refer their complaints to if they were not satisfied with the provider's response. Not all of the relatives that we spoke with had been provided with a copy of the formal complaints policy but all of them did feel able to approach staff at the service with any concerns.

# Is the service well-led?

## Our findings

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We discussed these statutory notifications with the registered manager as we had not received any from the service. We found two safeguarding incidents that should have been reported to the CQC. We also found that three people had authorised DoLS in place that CQC had not been informed about. In order to help to protect people it is a requirement of the Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 that these incidents are reported. The registered manager had failed to act in accordance with this legislation. We spoke with the registered manager about this and they advised us that they now had a list of notifiable incidents that were going to follow to ensure that this did not happen again.

Staff told us how they felt well supported in their roles and able to discuss anything with their colleagues and the registered manager. Staff also told us how if they needed anything for the service or wanted to they could talk directly to the provider. The registered manager told us how they were involved in the day to day running of the service to enable them to maintain an oversight of the culture within the service. For example they attended handover meetings and spent time with people who used the service.

Staff shared the same vision and values of the service and spoke highly about the standard of care and support. One

staff member told us, "I've never worked anywhere where the quality of care is this high." Another staff member told us, "[The manager] is dedicated to the people that use the service."

The provider sent out a quality assurance questionnaire annually for people to provide feedback about the service. Relatives confirmed that they had received these and had provided feedback through them. We received mixed feedback from relatives about the amount of information they received about the results of the survey. Nobody could recall receiving any written action plan or information as a result of them. Although they all had confidence that any items raised would have been addressed.

We saw that audits of finances were carried out at each shift handover. We discussed audits with the registered manager. The registered manager advised us that they and the provider undertook audits at the service to ensure the quality of the service. However they told us that these were not recorded. We found the registered manager was aware that the temperature of the room where medicines were being stored was too high, however they were not able to evidence how they had continued to assess, monitor and mitigate the risks to people while an alternative solution was being sort. We also found that there was no system in place to identify that the next planned service date for the hoist had passed and it had not been carried out. We discussed this with the registered manager who agreed that the evidencing of auditing and actions was something that they needed to work on.