

Trident Reach The People Charity

Maer Lane

Inspection report

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Date of inspection visit:
15 November 2019

Date of publication:
08 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Maer Lane is a residential care home providing accommodation and personal care to nine people with learning disabilities at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercoms, cameras, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Risks to people's safety were assessed however a key risk area was identified in relation to the management of a person's behaviour. The registered manager has since updated the person's care file and we have recommended staff training is reviewed to ensure both people and the staff team remain safe. Accident and incident forms were completed but we were not confident all incidents were being recorded, based on how staff viewed a specific situation.

Staff took a lot of responsibilities for updating care files, but we were unclear if they had the most up to date knowledge of best practice in learning disability care.

People were supported by a staff team who had received training in safeguarding people from abuse and staff were recruited following safe recruitment procedures. At the last inspection this was highlighted as a concern however action had been taken to rectify shortfalls.

People received their medicine on time by trained staff. Infection control was well managed, and staff had access to the equipment they needed.

People's needs were assessed prior to admission and care plans were developed and reviewed on a regular basis. Staff received the training in the compulsory subjects required in social care. We were advised furthermore health specific courses were coming. People were supported to maintain a balanced diet and

had access to healthcare service, whenever needed. The service worked well with other agencies.

The building had been adapted to meet people's needs and plans for redecoration were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. We requested a care plan was updated to ensure agreements made at best interest meetings were fully reflected.

People were well treated. Staff supported people to express their views and understood people's individual communication needs. People's privacy was respected.

People's care plans contained personalised information and people were supported to maintain relationships that were important to them. A complaints process was in place however there had been no recent complaints raised. At the time of inspection, the service did not deliver end of life care.

The culture in the home was open and staff reported feeling supported by the management team. The team understood their duty of candour and worked in partnership with others.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Maer Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Maer Lane is a 'care home'. People in care homes receive accommodation and 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with two people who used the service and observed the care provided to others living at the

home. We spoke with five members of staff including the registered manager and care workers. We also spoke with a visiting health professional.

We reviewed a range of records. These included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and maintenance records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated care records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and overall plans were in place to mitigate any risk identified.
- However, we reviewed one person's care file and identified the plans for the management of specific behaviour contained a potential low-level restraint which had not been adequately addressed. We spoke to the registered manager who held discussions with the staff team and updated the management plan.
- We reviewed the training staff received to ensure people were kept safe. From the records we could see staff completed lots of health and safety training, but we could not see courses that would ensure people's behaviour was being managed safely. Staff had not completed courses in understanding and managing behaviour that included using any form of physical intervention. This had the potential to place people and staff at risk of harm.
- Risks within the property were well managed and staff completed regular health and safety checks to ensure risk areas such as fire, water and food safety were managed in line within legal requirements.

Learning lessons when things go wrong

- Accident and incident forms were completed by staff and reviewed by the registered manager on a regular basis.
- Any lessons learnt were discussed at the monthly team meeting to ensure all were aware.
- Not all behaviour episodes were being recorded as anything other than a routine event. Therefore, we could not be sure the level of analysis was in place to ensure the correct staff intervention was taken at the correct time.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who were confident in recognising and reporting any concerns.
- Staff told us they knew who to speak to both within the organisation and externally. One staff member told us, "People are safe here, staff would definitely speak up if concerned."
- Staff had access to safeguarding policies and the relevant contact information was easily accessible.

Staffing and recruitment

- Sufficient numbers of staff supported people to ensure their needs were met. Staff rota's were produced in advance allowing time for any shortfalls to be covered.
- Staff were recruited following the application of robust recruitment procedures. These included an assessment of their character, qualifications and experience. At the last inspection we identified some people had started work before the necessary checks had been completed. The registered manager demonstrated the process they now followed to ensure this did not happen again.

Using medicines safely

- People received their medicine on time by staff who had been trained to administer medicine to people.
- Staff managed people's medicine in line with the providers policy. Medicine was kept in a central medicine room. The temperature of the room and medicine stock was checked throughout the day. This ensured any potential medicine errors were addressed at the earliest opportunity.
- We observed from the medicine records that several people took a range of psychotropic medicine on a regular basis. We enquired whether the home had signed up to NHS England's project STOMP. This project was set up to try and prevent people with learning disabilities and autism from being over medicated. The registered manager advised that they were not aware of the project but gave reassurance the prescribing psychiatrists reviewed people's medicine on a regular basis.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination by staff who had received training in infection control.
- Staff had access to personal protective equipment (PPE) which they used when supporting people with personal care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to admission and a care plan was developed and reviewed on a regular basis.
- Care plans contained goals and outcomes to focus staff on the purpose of the care being delivered.
- Staff completed records daily. These were reviewed monthly to ensure care was being delivered as expected. One staff member told us, "We record a lot of information about people and are always updating the care records to ensure they are right."
- Reference to how to support someone with oral care was seen in the care files.

Staff support: induction, training, skills and experience

- Staff received training to support them in their role. The provider shared their training matrix with us which we reviewed against the needs of the people we met. We saw a wide range of on-line courses were available which new staff completed.
- We noted that courses that were considered compulsory in social care such as, fire safety, infection control and first aid had been completed. However, we noted courses related to emerging health needs had yet to be rolled out to the team such as epilepsy, dysphasia and dementia. Staff advised they believed these courses would be coming soon.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balance diet. Staff on shift prepared meals and recorded what people had eaten to enable the monitoring of nutritional intake. One person told us, "The food is good." Another person said, "The food is beautiful."
- We observed people receiving regular drinks throughout the day and people were offered a choice of both hot and cold beverages.
- A menu plan was worked out each week by the people living in the home and contained food choices people were known to enjoy. Alternatives were available on the day, if people changed their mind.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to ensure people received a seamless service wherever possible.
- One person was currently being supported by the staff team at hospital. Information was shared following each visit about their progress and assistance was being offered to the hospital when needed.

Adapting service, design, decoration to meet people's needs

- The building was adapted to meet the needs of individuals living in the home.

- People had access to a choice of communal areas and adapted bathrooms.
- The home had a redecoration plan in place. The registered manager told us they would be looking at increasing the signage throughout the home once completed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and access healthcare services as required.
- We spoke with a visiting health professional who was complimentary of the staff in their support of one person's current health needs. They told us, "The team engage well, are knowledgeable of [person's name] and complete the necessary paperwork required which is really beneficial."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that assessments of capacity took place and best interest meetings were held and clearly documented.
- We did query one care plan whereby the instructions given to staff did not fully reflect what was agreed in a best interest meeting. We discussed this with the registered manager who arranged to review the care plan with the staff team and as a result the care plan was updated.
- Applications to deprive people of their liberty were made to the local authority and renewed as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. People told us the staff were good to them. One person said, "Staff are nice to me and I like it here." A visiting professional told us the home always appeared welcoming.
- Staff pre-empted people's needs and ensured they received the support they needed.
- Within preadmission assessments people's protected characteristics such as their race, culture and sexuality were explored. Relevant information was then transferred to their care plan. For example, one person didn't want to go to church but enjoyed watching the television programme 'Songs of Praise'.

Supporting people to express their views and be involved in making decisions about their care

- Each care file had a detailed communication passport which supported new staff understand how they should communicate with people. The passport included how people communicated as well as what approaches to use and what to avoid.
- Staff were observed to be in continual dialogue with people throughout our visit. Staff changed their communication style depending on who they were speaking with and gave people time to respond.
- People were asked their opinion during meal times, activities, and when taking their medicine. If someone refused to do something at the time of being asked staff were seen waiting until they were ready.

Respecting and promoting people's privacy, dignity and independence

- People were supported with their personal care needs in the privacy of their own room. People were well presented and supported to maintain their appearance. For example, by the use of clothing protectors during meal times.
- Care records were kept secure and could not be accessed by anyone without the authority to do so.
- People were encouraged to maintain their independence. One staff member told us, "People have differing levels of ability. Wherever possible we encourage people to be independent and do what they can for themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained personalised information that ensured staff were able to get to know people and their individual personalities. One staff member told us, "New staff and agency staff all read people's care plan before they start working with people."
- People were able to personalise their bedroom to reflect their individual preferences. For example, one person's room was decorated to reflect their favourite football team.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were well considered within their support plan. People had a communication passport which outlined how they processed information, how they needed information to be presented and what people's specific responses may mean.
- People's sensory needs were considered and how they impacted on them on a day to day basis was reflected in the care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to meaningful activities. On the day of inspection people were supported with a craft activity which they told us they really enjoyed. One person said, "We are making decorations ready for Christmas. I love all the glitter."
- People joined in activities in the local community and celebrated events throughout the year. One staff member told us, "I have lots of activity ideas based on what I know people like to do. I always get support from the management to make them happen."
- Staff kept daily records of what people had or had not done during the day and these were analysed by the management team to ensure the activities offered remained relevant.
- People were supported to maintain relationships with their family.

Improving care quality in response to complaints or concerns

- A complaints process was in place however there had not been any recent complaints.
- We observed people talking to the staff throughout the day and telling them if anything was wrong or not working correctly. Staff responded in a timely manner.

End of life care and support

- At the time of inspection there was no one in receipt of end of life care.
- Staff had not received training in end of life care and told us this was because people would move on to a nursing home when their needs changed.
- We did observe one person had a Do Not Attempt Resuscitation (DNAR) form in their care file which was updated from their previous placement.
- Staff had access to a death in service policy which advised them what to do in the event of a sudden death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear structure in the home which the staff understood, and regular quality performance checks were carried out.
- Care plans were reviewed on a regular basis however the issue of a person potentially being restrained had not been identified and addressed prior to the inspection. While we did not feel this person was being harmed; we were concerned the provider had not recognised the guidance given to staff had the potential to lead them to carry out a low-level restraint. We recommend the staff team receive training in positive behaviour support that includes physical intervention, to the level required.
- Staff told us that the pressure of work increased once the probationary period had been passed and a lot of care planning work fell to them. One staff member told us, "We work hard and try to keep on top of everything but sometimes, especially if someone is ill or upset, it can be overwhelming trying to keep up with the paperwork and spend time with people."
- It was unclear if all staff had the knowledge and experience to keep care plans in line with best practice.

Continuous learning and improving care

- Everyone we spoke to, demonstrated a commitment to providing a good service to people with positive outcomes. However, the service measures in place were not always reflective of best practice in learning disability care. For example, behaviour management and the use of psychotropic medicine. This meant the outcomes for people may not be fully reflective of the current guidance in place.
- Staff were supported to develop and increase their skill set. The registered manager told us, "I ensure the staff change the person they key work on a regular basis to ensure all staff have a detailed knowledge of everyone in the service."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to meet identified goals and staff were dedicated to ensuring people had a meaningful life experience. One staff member told us, "We take people away on holiday and out for day trips of their choice and they really enjoy themselves."
- Staff felt the culture within the home was open. One staff member told us, "It is a great place to work and

everyone pulls together. Management are approachable, and they do support us."

- Team meetings were held monthly and open discussions about the home were clearly documented. Within the team meeting minutes, we could see issues related to people's needs were highlighted and regular updates and progress reports were given. This ensured everyone had access to the most recent information.
- For people whose communication skills were limited, the staff advocated on their behalf. Staff ensured people's voice was heard when decisions were being made within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accident and incidents were reported and reviewed. Information was shared when things went wrong, and staff understood their duty of candour.

Working in partnership with others

- The service worked in partnership with local provider groups, other learning disability services and other services also managed by the provider.