Trident Reach The People Charity

Maer Lane

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 10 April 2017.

Maer Lane provides accommodation and personal care for up to nine people who have a learning disability. At the time of the inspection, eight people were living at the home.

The service is required to have a registered manager and there was a registered manager in post when we inspected. 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

The suitability of prospective staff to work with people had not always been checked by the provider. Due to miscommunication between the provider's human resources department and the registered manager, three recently employed staff had been permitted to start work, under supervision, without the appropriate pre-employment checks.

Staff understood how to recognise and report abuse, and supported people to raise any concerns about they may have about their safety or wellbeing. The risks associated with people's individual care and support needs had been assessed, recorded and plans put in place to manage these.
Key workers involved people in decisions about risks and staying safe. Staffing levels at the service enabled staff to meet people's needs safely. Systems and procedures were in place to make sure people received their medicines safely.

Staff had the knowledge and skills needed to perform their duties effectively in line with good practice. Staff received effective induction, training and supervision to support them in their job roles. People's rights under the Mental Capacity Act 2005 were understood and promoted by staff. People had enough to eat and drink, and their individual dietary requirements were assessed with appropriate input from dietary specialists. Staff played a positive role in helping people to maintain good health and access healthcare services as required.

Staff treated people with kindness and compassion, and took the time to get to know them well as individuals. People's involvement in decision-making that affected them was encouraged and facilitated. People were treated in a dignified and respectful manner, and their independence was actively promoted.

People received personalised care and support that reflected their individual needs and requirements. Care plans provided detailed guidance for staff on how to meet people's individual needs, and included information about what was important to them. People were supported to pursue interests and spend time doing things they found enjoyable. People and their relatives knew how to raise concerns and complaints with the provider, and felt confident these would be acted upon.

The management team promoted an open and fair culture within the service. People's relatives felt the management team was approachable and had confidence in their ability to deal with issues fairly. Staff understood what was expected of them, and felt supported and valued by the management team. The provider had developed quality assurance systems to assess, monitor and improve the quality of the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Appropriate pre-employment checks had not always been completed on prospective staff, before they were allowed to start work with people. Staff understood how to recognise and report abuse. The risks associated with people's care and support had been assessed, recorded and plans implemented to manage these risks. Systems and procedures were in place to ensure people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs. People's rights under the Mental Capacity Act 2005 were protected by the management team and staff. People had enough to eat and drink, and any associated risks were managed. Staff helped people to maintain good health and access healthcare services when needed.

Is the service caring?

Good

The service was caring.

Staff adopted a kind and caring approach towards their work with people. People's involvement in care and planning and decisions that affected them was encouraged. Staff understood the need to protect and promote people's rights.

Is the service responsive?

Good

The service responsive.

People received personalised care that reflected their individual needs and requirements. People had individualised care plans, and staff referred to and followed these. People and their relatives knew how to raise concerns about the care and support provided, and felt comfortable doing so.

Is the service well-led?

Good

The home was well-led.

The management team promoted an open and fair culture within the service. People's relatives felt the management team were approachable and took their views seriously. Staff felt well-supported and valued by the management team. The provider had developed quality assurance procedures to monitor and improve the quality of the service people received.

Maer Lane

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 10 April 2017 and was unannounced.

The inspection team consisted of one inspector.

The provider had previously completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with two people who used the service and five relatives. We also talked with the registered manager, deputy manager, two senior care staff and three care staff.

We looked at two people's care records, three staff member's recruitment records, medicines records, accident and incident records, and records associated with the provider's quality assurance systems. We also spent time in the communal areas of the home to observe how staff supported and responded to people.

Requires Improvement

Is the service safe?

Our findings

We looked at how the provider checked the suitability of prospective staff before allowing them to start work with people. We found they had not always completed appropriate pre-employment checks to vet successful job applicants. Three recently employed staff had been permitted to start work, under supervision, without an enhanced Disclosure and Barring Service (DBS) check or a DBS Adult First check. This does not reflect safe recruitment practice. The DBS carries out criminal records checks to help employers make safer recruitment decisions. The DBS Adult First service enables employers to check the DBS adults' barred list whilst they await receipt of a staff member's DBS certificate.

We discussed this issue with the registered manager. They explained that the failure to complete the pre-employment checks in question had been the result of a miscommunication between the provider's human resources department and themselves. From speaking with the registered manager, we were assured this was an isolated issue, and that consistent pre-employment checks would be completed on all prospective staff moving forward.

People's relatives felt staff took appropriate steps to protect their family members from harm and abuse. One relative described how staff monitored their family member's mobility and movements around the home each day, in order to reduce the risk of them falling. Another relative discussed their family member's lack of hazard awareness, and how staff successfully managed this through monitoring and guiding them. They told us, "We haven't had any issues around safety. They (staff) seem to do the best they can." A further relative said, "There have been no accidents. They (staff) keep (person's name) very safe."

Staff received training in how to work safely and protect people from harm and abuse. They understood the different forms and potential indicators of abuse, and told us they remained alert to these. They gave us examples of the kinds of things that would concern them, such as unaccounted for bruising and marked changes in people's mood or behaviour. Staff told us they would report any abuse concerns to the appropriate people without delay. One staff member explained, "I'd report it to [registered manager], the seniors or head office straightaway and write everything down." Staff also recognised their responsibility to support people and their relatives in bringing forward any concerns about people's safety and wellbeing. The provider had produced easy-read information on abuse, to help people understand how to report any concerns of this nature. They also had procedures in place to ensure any abuse concerns, affecting the people living at the home, were reported to the appropriate external agencies and thoroughly investigated.

The management team assessed and recorded the specific risks to each of the individuals living at the home. This assessment took into account key aspects of people's safety and wellbeing, including their health, mobility, personal care needs and night-time monitoring arrangements. Plans had been put in place to manage these risks and keep people as safe as possible. For example, where people needed help to move around safely, their mobility needs had been assessed and suitable mobility aids and equipment obtained. Staff told us they read people's risk assessments, and demonstrated good insight into the specific risks to individuals living at the home. We saw staff working in accordance with these risk assessments as, for example, they helped people to move around the home, and eat and drink safely at lunchtime.

The key workers met with people on a monthly basis to review and, as necessary, update their risk assessments. We saw evidence of people's involvement in these reviews in the care files we looked at. A key worker is a member of staff who is allocated a lead role in ensuring an individual's particular needs and requirements are understood and met by the service. Where the risks to people changed, staff told us the management team had put procedures in place to ensure they were kept up to date. This included daily staff handovers, staff meetings and the use of staff communication books. Handover is a face-to-face meeting where staff leaving duty pass on key information about people's care to those arriving on shift.

The provider had established procedures to ensure the premises and equipment used by people were maintained in a safe condition. For example, the management team and staff compiled a weekly list of maintenance work or repairs needed, which, they told us, the provider's maintenance team addressed without delay. One staff member told us, "Anything that needs repairing is reported and the repair is carried out in the next couple of days usually."

If people were involved in an accident or incident, staff recorded and reported these events to the management team. We saw the management team reviewed these reports and took action to prevent adverse events from happening again. For example, following a recent incident involving the administration of one person's medicines, the competence of the staff members involved had been reassessed and the relevant issue discussed at the next staff meeting.

People's relatives felt the home's staffing levels ensured their family members' needs were met safely. One relative told us, "Staffing levels are adequate and sufficient. There are enough staff about to constantly check on [person's name] and keep an eye on them." Staff also felt staffing arrangements at the home enabled them to work safely. One staff member said, "I would say staffing levels are good and everyone chips in. We have bank staff who are really good, and staff are happy to stay on." The registered manager told us the home was currently fully staffed. They assessed and monitored their staffing requirements based upon the service's current occupancy level and people's individual support care and needs, including any agreed one-to-one support.
The registered manager controlled the use of agency staffing, whenever possible using the same agency staff from preferred agencies.

People's relatives felt staff helped their family members to manage and take their medicines safely. One relative told us, "They manage [person's name's] medicines very well." We looked at how staff stored, administered and disposed of people's medicines. We saw the provider had developed systems and procedures to ensure people received their medicines safely and as prescribed. For example, staff underwent medication training, and periodic competency checks with the deputy manager. They told us they felt confident about their role in supporting people with their medicines, and were clear about the action to take in the event of a medication error. Accurate and up-to-date medication administration records were maintained, and PRN protocols drawn up to help staff understand when to give "as required" medicines. The management team had also introduced a "medicines communication book" to alert staff to any changes in people's medicines or medicine-related issues.

Good

Is the service effective?

Our findings

People's relatives spoke positively about the knowledge and skills of the staff employed at the home. They felt staff were able to competently meet their family members' needs. One relative described how staff had the knowledge and skills to read their family member's moods and behaviour patterns in order to provide them with effective behaviour support. During our inspection, we saw staff were able to communicate with people effectively, and meet their care and support needs in confident and professional manner.

Upon starting work with the provider, staff were required to complete structured induction training. The staff induction programme included initial training with the provider to ensure staff were able to work safely and effectively, and the opportunity to work alongside more experienced colleagues. It also incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff told us the provider's induction had been a valuable introduction to their job roles. One staff member said, "It (induction) was great. Staff made sure I knew the customers (people) before I started, so that it didn't impact on them. Everyone was so welcoming and I had time to read all the care files."

Following induction, staff participated in an ongoing programme of training based upon the provider's and management team's assessment of their training and development needs. Staff felt their training reflected the demands of their job roles. One staff member told us, "I feel really confident now in my job. The training is right." Another staff member talked about the benefits of their autism training which had helped them see the condition and its impact upon people in a new light. The management team maintained up-to-date staff training records to help them monitor and keep on top of training needs. We were assured they had training plans in place to address any existing gaps in staff training.

In addition to formal training, staff attended regular one-to-one meetings with the deputy manager to identify any additional support needs they may have. Staff felt these meetings were a useful, two-way discussion. One staff member told us, "They (deputy manager) will ask me if there's anything I'd like to change or any course I'd like to go on. They'll also ask how I'm getting on with other staff at home; they're quite thorough."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found the registered

manager and staff team had a good understanding of people's rights under the MCA. Staff received training to help them understand the implications of the MCA for their work with people. One staff member said, "We always assume someone has capacity and that's why we offer them lots of choices. If someone can't make a decision, there would be a best interest meeting." Another staff member told us, "If they (people) don't have capacity, we have to do everything we can to involve them in making decisions. They can make unsafe decisions, but we have to respect that. We have to provide them with information to help them make decisions."

Staff described to us how they supported and encouraged people's decision-making on a day-to-day basis. This included supporting people to make decisions about what they wore, what they ate and drank and how they wished to spend their time.

There was limited information recorded in the care files we looked at about assessments of people's mental capacity and best-interests decision making. A best interests meeting had been held in relation to the proposal for one person to change rooms. However, through our conversation with the registered manager and staff team, we were assured they were protecting people's rights under the MCA, and seeking their consent to care. The management team had submitted six DoLS applications to the relevant local authorities, based upon an individual assessment of people's care arrangements. At the time of our inspection, these applications were still being processed by the local authorities in question.

People told us they liked the food and drink on offer at the home. One person described it as "good food", saying they particularly liked the fruit provided. Another person listed the food and drinks they enjoyed having at the home on a regular basis, including pizza, yoghurt and blackcurrant squash. People's relatives were equally happy with the support their family members had to eat and drink. One relative told us, "[Person's name] is completely supported at mealtimes, and if they need something to eat or drink during the day it is catered for." Another relative said, "They (staff) have always given [person's name] a choice of food and drink, and they know what their likes and dislikes are." A further relative told us, "They (people) are all very well fed. They always have fruit available."

Staff met with people every Saturday to discuss the menu for the following week. They used pictures and recipe books to help those who were unable to communicate verbally to express their views and preferences. If people did not want to eat what was on the menu on a given day, they were offered alternatives based upon their known likes and dislikes.

The management team and key workers assessed, monitored and recorded people's dietary needs and any specific risks associated with their eating and drinking. They sought appropriate specialist dietary advice as part of this process. For example, one person with swallowing difficulties had been assessed by the local speech and language team. Plans were put in place to manage any risks around people's eating and drinking, which incorporated any specialist dietary advice received.

The mealtime we observed during our time at the home was an unrushed and social affair. People's food and drink were prepared and served to them in accordance with their care plans. People were provided with adapted dinnerware to help them eat independently, or had one-to-one assistance from staff to eat and drink if required. Staff chatted with people during their meal, encouraging them to eat and drink, offering them choices and checking if they needed any extra help.

People's relatives felt staff played a positive role in helping their family members stay in good health. They told us staff managed people's long-term health conditions well. For example, one relative praised the manner in which staff monitored and managed their family member's diabetes.

People's relatives said staff were quick to seek professional medical advice and treatment, in the event their family members were unwell or in pain. At the time of our inspection, one person living at the home was receiving treatment in hospital following a deterioration in their health. This person's relative praised the "very swift response" from staff that had led to this hospital admission. They went on to say, "They (staff) also liaise very closely with [person's name's] GP." Another relative spoke positively about the prompt manner in which staff had responded when their family member suffered a serious injury following a fall.

We saw the management team assessed, monitored and reviewed people's health needs. People's medical history, current health conditions and their general health needs were recorded in their care files in order that staff were aware of this information. Some of the people living at the home had epilepsy or diabetes. We saw staff monitored and helped people manage these conditions by, for example, ensuring they received their prescribed medicines on time. Staff supported people to access healthcare services as and when needed. During our inspection, one person was supported by staff to attend a blood test appointment. We saw clear evidence of the involvement of external healthcare professionals in people's care in the care files we looked at.

Good

Is the service caring?

Our findings

People told us they liked the staff that supported them, and that staff treated them well. One person said, "Staff are nice to me." They went on to say, "[Deputy manager] is a nice person." People's relative felt staff took a caring and compassionate approach towards their work. One relative told us, "[Person's name] is not just a resident, they're part of the family at the home" They went on to say, "They (staff) are very caring and dedicated." Another relative described the staff team as "very pleasant and very nice". A further relative said, "They (staff) have looked after [person's name] like a family member." People's relatives told us staff had taken the time to get to know their family members well as individuals. One relative explained, "The long-term staff are very good and very caring; they know [person's name] inside out."

The staff we spoke with demonstrated good insight into the individual needs and requirements of the people they were supporting. They spoke about the importance of listening to people and observing their responses and body language to understand what was important to them. During our inspection, we observed staff talking to people in a warm, friendly and respectful manner. They listened to what people had to say to them, and responded appropriately. For example, one person chatted happily with staff about the activities they had participated in that day. People were at ease in their home and in the presence of the staff on duty, and approached staff freely over the course of the day. Staff showed concern for people's comfort and wellbeing. For example, when one person became distressed during the lunchtime meal, staff responded quickly and sensitively, attempting to identify what was upsetting them. This person appeared calmer after staff had spoken with them.

The management team and staff took steps to involve people in care planning and other decisions that affected them. People met with their key workers on a regular basis to talk about their care and support and how well this was meeting their needs. Monthly "customer meetings" were organised at the home, to give people an open forum to share their views and suggestions as a group. We saw also examples of information provided in accessible formats, such as the complaints procedure, to help people understand key information of relevance to them. Although no one at the home had the support of an advocate at present, the registered manager told us they would help people access independent advocacy services as needed.

People's relatives felt staff treated their family members with dignity and respect, as part of which they were given opportunities to develop their independence. One relative spoke about the encouragement and support staff gave their family member to become more independent. They explained, "I think they (staff) encourage them as best they can. [Person's name] has advanced since they've been at the home. They do more things for themselves than before." During our inspection, we saw one person being supported by staff to make a hot drink in the home's kitchen. Another person was helping staff with polishing around the home. A further person told us they made their own breakfast each day with help from staff.

The staff we spoke with understood the need to respect people's privacy and dignity. They gave examples of how they did this by, for example, protecting people's modesty during personal care, promoting their independence and respecting their wishes and decisions. One staff member explained, "I think it's really important to people that they choose what they want to do." People were able to receive visitors at the

home whenever they chose. One relative told us, "We can go the home anytime, and are always made welcome."

Good

Is the service responsive?

Our findings

People's key workers encouraged their involvement in the planning and review of their care, by sitting down with them on a monthly basis to discuss their care plans. Staff told us that, as key workers, they welcomed the input of people's relatives and took the opportunity to talk to them whenever possible. People's relatives were generally satisfied with the level of involvement they had in decisions about their family members' care, although two relatives felt the management team and staff could be more proactive in this regard.

People's relatives felt the provider succeeded in shaping the care and support provided around their family members' individual needs. One relative praised the manner in which staff had adapted their family member's care to their changing dietary requirements and mobility needs. During our inspection, we saw staff adjusted the nature and level of support provided, and their communication style, to people's individual needs and requirements. This was evident in the range of support and assistance staff gave people at the lunchtime meal. People with mobility needs had the support and access to mobility equipment needed for them to stay as independent as possible. The management team also took into account people's religious beliefs, enabled them to attend local church services if they wished

We saw the care plans developed with people's input provided detailed guidance for staff on how to meet their individual care and support needs. They contained information about what was important to the individual, their person goals and how they preferred things to be done. Staff understood the importance of working in accordance with people's care plans, and told us they had opportunities to read and refer back to these. One staff member told us, "We (staff) very often discuss people's care plans during our work and what's changed."

People told us staff helped them spend time doing things they enjoyed. One person talked about their attendance at a local day centre, adding, "I like it there a lot. I help out with the teas and coffees." This person also spoke about how much they enjoyed spending time around the home. On this subject, they said, "I like staying in the house best; I like the peace and quiet." Another person, who had their nails painted by staff, told they liked going shopping with staff. People's relatives felt staff gave their family members appropriate support to follow their interests and spend time doing things they enjoyed. One relative told us, "There always seems to be a lot of activity on the go, and they (staff) take them out." Another relative said, "There's an afternoon where [person's name] does cooking and making things. They love snooker, darts and rugby, and staff always let him have the television on to watch these sports." As well as participating in social activities, staff helped people keep in contact with those important to them by, for example, taking people home to visit their relatives on a regular basis.

People's involvement in planning activities was encouraged through monthly key worker meetings and "customer meetings." During our inspection, we saw people participating in a range of in-house activities, including colouring, playing dominoes and reading magazines. One person went shopping with staff, whilst another went to the local hospital to visit one of the people living at the home who was receiving treatment there. We saw staff completed an "activities learning log" to monitor people's responses to activities and

identify those activities which worked particularly well. People's activity records indicated that they participated in other community-based activities, including attendance at a local social club, line-dancing and day trips to places of interest.

People and their relatives were clear about how to raise concerns and complaints with the provider, and felt comfortable doing so. One person told us that if they had a problem, "[Deputy manager] would sort it out." Another person said they would also go to the deputy manager or a senior member of staff if they were worried about anything.

People's relatives told us they would bring any concerns or complaints to the attention of either the deputy manager or registered manager. One relative explained, "I would have a word with [deputy manager]. She's very good at sorting things out." The provider had developed a formal complaints procedure to ensure good complaints management. Our records showed the registered manager had carried out an investigation into a recent complaint received regarding the service. A relative we spoke with told us they were satisfied with the manner in which the management team had responded to the concerns brought to their attention. They appreciated the time the deputy manager had given them time to sit and talk through the relevant issue.

Good

Is the service well-led?

Our findings

During our inspection, we met with the registered manager of the service. They divided their time between two services, and were supported by the deputy manager in the day-to-day management of Maer Lane. The registered manager demonstrated a good understanding of the duties and responsibilities associated with their post. This included the need to tell CQC about certain events involving people or the service through submitting statutory notifications to us. The registered manager and deputy manager felt well supported in their respective roles, and told us they had access to the resources needed to make improvements in the service.

People's relatives knew who the registered manager and deputy manager were and spoke positively about the manner in which they managed the home. One relative told us, "They (management) are very competent and very aware of our needs as a family as well as [person's name's] as a resident." They went on to say, "They run it (the home) very well." People's relatives described an open and fair culture within the home. They told us they were given appropriate insight into their family members' care at the home when requested, and that any related issues or concerns were dealt with appropriately by the management team. One relative said, "They (management) always keep in touch and tell you anything you want." Another relative said, "They (management) are there at the end of the phone if we need them."

Two of the relatives we spoke with felt there was scope for the management team to more proactive in involving them in, and keeping them updated about, their family members' care. One relative told us, "We are involved to a degree, but we have had to make ourselves aware of some things. We are informed, but we have to ask the questions rather than being told things."

All of the staff we spoke with spoke were enthusiastic about their work at the home, and clear what was expected of them as care staff or senior care staff. Staff spoke positively about the leadership and direction provided to them by the registered manager and deputy manager. They felt valued in their work, and that their views and opinions were taken seriously by the management team. One staff member told us, "I feel [registered manager] does value me, as I've been with the clients a long time. They (registered manager) will ask me questions about their care." Another staff member said, "When [registered manager] is here, they always have time for me. They never ask me to come back later if I go in to see them."

Staff said the management team were approachable and that they would not hesitate to bring issues or concerns to their attention. They had confidence these matters would be addressed. One staff member told us, "If I say something to them (management), they take it into consideration. I think we (staff) can discuss things with them in an open way." Another staff member said, "I've been in the office if I've not been 100 percent sure about something. We've looked at the issue together, and there's been a resolution; it's not been brushed under the carpet." They went on to say, "There's no holding back at our staff meetings. If we've got something to say, we can say it. [Registered manager] is quite happy to listen to our points of view." Staff felt a sense of working towards a shared purpose with the management team, in providing people with quality care and support. One staff member explained, "We are on the same page and are all singing from the same hymnbook."

We looked at how the provider and management team assessed, monitored and addressed the quality of the service people received at Maer Lane. We found the provider had developed a number of quality assurance systems and procedures to enable them to check the quality of care. These included periodic quality audits by the senior management team and provider's quality assurance manager. The registered manager also carried out their own weekly quality audit. In addition, a range of in-house audits and checks were completed, including the ongoing analysis of feedback, complaints, accidents, incidents and any safeguarding concerns. The provider's quality assurance had led to improvements in the service. More recently, these had included an increase in the number of face-to-face training courses available to staff and improvement to the furnishing of the home's communal lounge.