

Leonard Cheshire Disability

# Maple House - Care Home Learning Disabilities

## Inspection report

10 Maple Road  
Penge  
London  
SE20 8HB

Tel: 02087785321

Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

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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

### About the service

Maple House is a small residential care home that provides care and support for up to five people with a learning disability. At the time of our inspection the home was fully occupied.

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.

### People's experience of using this service

People and their relatives spoke positively about the care and support received. During our inspection we observed that staff interacted well with people and had built good relationships and rapport with them.

People and their relatives told us they felt safe. Safeguarding and whistleblowing policies and procedures were in place and staff were aware of the procedures and how to keep people safe. People were protected from identified risks and plans were in place to manage risks safely in the least restrictive way.

There were arrangements in place to manage medicines safely and staff followed appropriate infection control practices to prevent the spread of infections. Appropriate recruitment checks took place before staff started work. There were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities for them to gain new skills and become more independent.

Maple House was clean, homely and suitably adapted to meet the needs of the people living there. People had individualised rooms with personal items.

People and their relatives were involved and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to access community service and to participate in activities of their choosing that met their needs.

Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people appropriately addressing any protected characteristics. There were systems in place to assess, monitor and improve the quality of the service. The service worked in partnership with health and social care professionals and other organisations to ensure appropriate support was provided to individuals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (Report was published on 14 December 2016).

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?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Maple House - Care Home Learning Disabilities

## **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

Maple House - Care Home Learning Disabilities 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 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 site visit took place on 4 June 2019 and was unannounced.

#### What we did

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection we spoke with two people using the service and following our inspection spoke with two relatives by telephone to seek their feedback. We also met and spoke with the deputy manager and three support workers. At the time of our inspection the registered manager was on planned leave. We reviewed a range of records including two people's care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

# 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 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and staff were supportive. One person said, "They [staff] are lovely, I'm very safe here." A relative commented, "[Relative] is happy, the staff are very good, I know [relative] is safe."
- Systems and staff ensured people were protected from the risk of abuse. Up to date policies and procedures were in place for safeguarding adults. Systems for reporting and acting on concerns or allegations were robust. There had been no concerns of abuse since our last inspection of the service.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe.
- Information on safeguarding was on display within the home including easy to read versions for people, staff and visitors' reference.

Assessing risk, safety monitoring and management

- Risks associated with people's needs were identified, assessed and reviewed to avoid possible harm.
- Risk assessments in place supported staff to manage identified risks whilst ensuring people's rights and independence was promoted and respected. Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support to help people learn new skills and to enjoy accessing community services.
- Risk assessments documented identified risk factors and guidance for staff to ensure they supported people appropriately. For example, with maintaining interest in hobbies, managing finances and with the promotion of travelling independently safely.
- There were arrangements in place to deal with foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency.

Using medicines safely

- Medicines were managed, administered and stored safely.
- There were safe procedures in place to ensure people received their medicines as prescribed by health care professionals. Medicines administration records were fully completed, and checks were conducted to ensure safe administration.
- Safe medicine management practices were followed, and staff received training and had their competency assessed.
- Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required.

### Staffing and recruitment

- People told us there were always staff available to support them. One person said, "They [staff] are always around. They come with me when I want to go out."
- There were enough staff to meet people's needs and recruitment systems worked to reduce identified risk.
- Staff were recruited safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Preventing and controlling infection

- Staff prevented and controlled the risk or spread of infection. Staff received training on infection control and food hygiene awareness. We observed staff wearing personal protective equipment such as aprons and gloves.
- Cleaning schedules were in place for all communal areas and we observed the home appeared clean with no malodours detected.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal and environmental hygiene. For example, supporting people with their laundry.

### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents and lessons were learnt to prevent the risk of reoccurrence.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Incidents and accidents were reflected on as a means of learning and improving safety for people. Investigations and actions taken were shared with the staff team at meetings.



# 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.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff sought their consent and respected their decisions and rights. One person commented, "Staff always ask me. They help me when I need it."
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- The registered manager and staff empowered and supported people to make their own decisions. For example, the foods they wished to cook or activities they wished to attend.

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

- Assessments of people's needs, and preferences were completed before they moved into the home. This ensured the service's suitability and that people's needs and preferences could be appropriately met.
- Relatives confirmed they were involved in the assessment process and with reviewing their loved one's care where appropriate. One relative commented, "Staff are so good with [relative] and the care they provide, we couldn't ask for better. They [staff] always involve us and contact us when needed."
- Assessments were used to produce individualised care plans which provided staff with information on how best to support people to meet their needs. Assessment included areas such as individual's personal history, preferences and consent.

Staff support: induction, training, skills and experience

- Relatives commented positively on the skills of the staff. One relative said, "Staff work so well to manage [relatives] behaviour. [Relative] is very settled and happy."
- There were effective processes in place to ensure staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff received regular supervision, support and an annual appraisal of their practice and development.
- Staff were knowledgeable about the people they supported and had the skills and experience to meet their needs appropriately.
- Staff received training in a range of topics and specialised areas such as, behaviour support awareness, communication, dementia awareness and person centred working amongst many others.

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

- People were supported to have a balanced diet ensuring their well-being and were supported to be involved in choosing and preparing their meals.
- Care plans documented people's nutritional needs, any support required with meal preparation, known allergies and any nutritional risks such as choking, weight loss or gain.
- The Food Standards Agency visited the service in January 2019 rating them five which is the highest rating a service can achieve.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being. For example, information and guidance provided by speech and language therapists were followed by staff.
- Staff supported people when required to accompany them to appointments.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.

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

- People were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests.
- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met. For example, assistive technology that alerted staff when one person suffered a seizure during the night.
- Care plans contained detailed guidance for staff on the use of equipment which was subject to regular checks and routine servicing.

# 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; equality and diversity

- People and their relatives spoke highly of staff and the care and support they offered. One person said, "Oh the staff are lovely. They are very caring, I like living here." A relative commented, "The staff are very kind and [relative] is very happy living there. I couldn't think of a better place for [relative] to be."
- People were treated well, supported and their diversity was respected. Staff had built respectful relationships with people valuing their independence, needs and wishes and demonstrated an in-depth awareness of individuals preference.
- People were allocated a keyworker to support them to meet their expressed needs and goals. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- People and their relatives told us they were consulted about the care and support provided. One person said, "We have meetings and I can make my own decisions."
- During our inspection we observed staff communicated effectively with people. Individuals communication needs were assessed and documented in their plan of care ensuring staff could support and engage with people appropriately. For example, staff interacting with people in a kind, calm and concise manner.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or large print versions.

Respecting and promoting people's privacy, dignity and independence

- The service applied the principals and values of 'Building the Right Support' and other best practice guidance. These ensure that people who use the service can lead a full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff directed these principles through offering and empowering people to make choices about their everyday lives, by observing and recognising when people were happy or unhappy and by implementing change when required.
- Care plans were person centred and focused on what people could do for themselves and areas they felt they needed support with. Positive risk taking was safely encouraged by staff with empowering respectful support offered if required.

- People were supported to maintain relationships that were important to them and staff recognised the significance of this on individual's well-being. For example, supporting and enabling people to visit relatives and friends locally and nationally. A relative told us, "We live some distance away and are therefore not able to visit as we would like, however I speak with [relative] most days and [relative] stays with us when possible."

# 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 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

- Relatives confirmed they were involved in their loved one's care and contributed their views on the service. One relative commented, "We are very involved in [relatives] care. Staff communicate with us well and we discuss how [relative] is and if any changes are needed."
- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and things that are important to them. People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Regular reviews of people's care needs and records were held to ensure staff continued to meet people's needs and goals appropriately.
- People were supported by a regular team of staff who knew them well to access services such as, social and leisure activities. For example, one person was supported to access a college course in art.
- People were supported and encouraged to share their thoughts on how the service could support them better and improve. This was achieved for example through, keyworker and residents' meetings that were held on a regular basis.

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.

- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.
- People's communication needs were regularly reviewed and information on individual's communication preference and useful communication strategies for staff were documented.

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

- Staff supported and encouraged people to pursue hobbies and interests inside and outside the home environment. For example, some people regularly attend social clubs of their choosing. Other activities people enjoyed included, arts and crafts, shopping trips, visiting family and friends and planning for and going on holidays.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were aware of the complaints procedure and knew how to make a complaint. One person commented, "Everything is good." A relative said, "We have no complaints at all. If I need to discuss anything I just call."
- There were arrangements in place to respond to people's concerns and complaints appropriately. The providers complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- Records showed there had been one complaint made since our last inspection of the service. We saw that the complaint was responded to in line with the provider's policy and had been dealt with appropriately to the complainant's satisfaction.

#### End of life care and support

- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.
- People were supported to make decisions about their preferences for end of life care if they so choose and these were retained in individual care plans for reference.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care and support provided. One person said, "They [staff] know me well and what I like to do. They help me when I need it." A relative commented, "Staff work so well with [relative] and know just how to manage [relative]."
- There was a positive led culture which supported people to achieve good outcomes. Staff told us there was a strong commitment to provide person centred, supportive care to people which was led by them and their relatives where appropriate. One member of staff commented, "We work really hard to ensure people are supported to be as independent as much as possible and to do the things that are important to them."

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

- There were processes and procedures in place to ensure people received the care and support they wanted.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The deputy manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team and visited various provider sites ensuring best practice.
- The service had a registered manager in post at the time of our inspection. They and the deputy manager were aware of their registration requirements with CQC. They were aware of the legal requirement to display their CQC rating.
- Staff were positive about how the service was run and the support provided by both the deputy manager and registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- We looked at the results for the provider's customer annual survey conducted in 2018. Results were positive showing 89.5 percent of respondents felt staff treated them with dignity and respect and 97.1 percent felt the service was a safe place to be.

Continuous learning and improving care

- Manager's recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by management and staff on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were developed to address any issues or concerns identified.
- The deputy manager told us the provider had recently implemented a new electronic system which supports managers to conduct checks and audits on a handheld device which then uploads the data assessed on to the providers main computer system. They told us this improved data analysis and information sharing.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the home. The provider also held team building days and the deputy manager told us the last day held focused on communication.

#### Working in partnership with others

- Manager's and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.
- We observed the service worked in partnership with local services and organisations to ensure appropriate support and services were made available to individuals if required, such as colleagues and places of worship.