

## Leonard Cheshire Disability

# Maple House - Care Home Learning Disabilities

### Inspection report

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### 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



### Overall summary

This inspection took place on 10 November 2015 and was unannounced. At our previous inspection in March 2014, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Maple House is a small 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 providing support to five people and had a temporary manager in post.

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were not managed safely and appropriately and medicine audits were not conducted in line with the provider policy to ensure safe practice.

# Summary of findings

There were some quality assurance and governance systems in place to monitor the quality of the service provided, however these were not always operational, used or conducted in line with the provider's policy to ensure issues were promptly identified and acted upon.

There were safeguarding adult's policies and procedures in place to protect people from possible harm and incidents and accidents were recorded and acted on appropriately.

Assessments were conducted to assess levels of risk to people's physical and mental health and care plans contained guidance to provide staff with information that would protect people from harm by minimising assessed risks.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. There were appropriate levels of staff on duty and deployed throughout the home to meet people's needs.

There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor the safety of the premises and equipment used within the home.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received regular supervision, training and an annual appraisal of their performance.

Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being. People had access to health and social care professionals when required.

Interactions between staff and people using the service were positive and staff had developed good relationships with people. People were supported to maintain relationships with relatives and friends. Care plans documented people's involvement in the care and where appropriate that relatives were involved in their family members care.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

People were supported to engage in a range of activities that met their needs and reflected their interests.

People and their relatives told us they knew who to speak with if they had any concerns. There was a complaints policy and procedure in place and complaints were managed appropriately.

The temporary manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

The provider took account of the views of people using the service and their relatives through annual residents and relative's surveys.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe.

Medicines were not managed safely and appropriately and medicine audits were not conducted in line with the provider's policy to ensure safe practice.

There were safeguarding adult's policies and procedures in place to protect people from possible harm and incidents and accidents were recorded and acted on appropriately.

Assessments were conducted to assess levels of risk to people's physical and mental health.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor the safety of the premises and equipment used within the home.

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received regular supervision, training and an annual appraisal of their performance.

Staff demonstrated good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being.

People had access to health and social care professionals when required.

Good



### Is the service caring?

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Care plans documented people and their relative's involvement in their care.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

Detailed assessments of people's needs were completed and reviewed in line with the provider's policy.

People were supported to engage in a range of activities that met their needs and reflected their interests.

People and their relatives told us they knew who to speak with if they had any concerns.

**Good**



## Is the service well-led?

Aspects of the service were not well-led.

Quality assurance and governance systems in place for the monitoring of the quality of the service provided were not always operational, used or conducted in line with the provider's policy to ensure issues were promptly identified and acted upon.

There was a temporary manager in post at the time of our inspection and they were knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

The provider took account of the views of people using the service and their relatives through annual residents and relative's surveys.

**Requires improvement**



# Maple House - Care Home Learning Disabilities

## 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.

The inspection was carried out by an inspector and a specialist advisor on 10 November 2015 and was unannounced. There were five people using the service on the day of our inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the

provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service to seek their views. We used this information to help inform our inspection.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people using the service, one relative by telephone and four members of staff including the temporary manager. We spent time observing the care and support provided to people, looked at three people's care plans and records, four staff files and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living in the home and with the staff that supported them. One person said, “The staff are nice and they help me.” Another person told us, “I feel safe, the staff are great.” A third person said, “Yes I feel safe and I can even lock my door if I choose to.” Throughout the course of our inspection we observed that people appeared safe and well. However we found that people’s safety was not always maintained as medicines were not always stored and managed appropriately.

Staff told us they were trained in medicines management and only staff who were trained were able to administer medicines. Training records we looked at confirmed this. However staff competency assessments for the safe management and administration of medicines were not undertaken and there were no systems in place to ensure staff were safe to manage and administer medicines to people using the service. Annual assessments of staff medicines competency should be undertaken to ensure that staff who administer medicines are safe to do so.

We looked at the homes medicines folder which included individual medicine administration records (MAR) for each person using the service. We saw each MAR had a front sheet which had a photograph attached of the person whom the medicines related to. However people’s names, details of their GP, information about their health conditions and any known allergies were not recorded on the front sheet to ensure safe and correct identification and safety when administering medicines. Medicines were kept securely and there were suitable facilities in place for storing medicines. Medicines were stored securely in people’s bedrooms in a lockable cabinet. Temperature checks of lockable cabinets were recorded and monitored by staff to ensure medicines were stored at the correct temperature and were safe to use.

There were appropriate medicines policies and procedures in place which included areas such as self-administration of medicines and the use of covert medicines. Medicines audit processes were in place to ensure safe practice, however we saw a medicines audit undertaken by an external pharmacist in October 2015 that made several recommendations which had not been implemented. For example, the recording of ‘when required’ (PRN) medication on MAR charts and the dating of creams. Medicines audits we looked at showed that they had not

been conducted in line with the provider’s policy to ensure safe practice. For example the provider’s weekly medicines check was last conducted on the 19 October 2015, the monthly MAR’s and medicines audit was last conducted in September 2015 and the six monthly medicines audit was last conducted in June 2014. This meant that people may be at risk of unsafe medicines management as there were no effective systems in place to monitor and check safe practice within the home.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were up to date safeguarding adult’s policies and procedures in place to protect people from possible harm. Staff received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take if they had any concerns. There was a whistle-blowing procedure in place and staff understood the term whistleblowing and told us how they would use it if they needed to raise any concerns. Safeguarding adult’s information was on display within the home for people and staff reference.

Incidents and accidents involving the safety of people using the service were recorded and acted upon appropriately. We saw evidence to show that staff had correctly identified concerns and took appropriate actions to address concerns therefore minimise further risk of potential harm. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

Assessments were conducted to assess levels of risk to people’s physical and mental health and care plans contained guidance to provide staff with information that would protect people from harm by minimising assessed risks. Risk assessments were detailed and responsive to individual’s needs, for example one person was at risk of falls and had declining and unsteady mobility. There was a detailed risk assessment contained within their care plan which directed staff on how best to support the person when mobilising and how they should be safely transported when venturing out. Another care plan contained an epilepsy risk assessment, seizure chart to monitor the frequency and intensity of seizures and an epilepsy care plan which informed staff on the signs to look for if a seizure occurred, the recovery period and directed

## Is the service safe?

staff on the actions to take in an emergency. Information from health and social care professional's involvement was also documented in care plans to ensure people's needs were met and risks to people's health were minimised.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work so that people were cared for and supported by staff that were suitable for their role. Staff told us that pre-employment checks were carried out before they started work and records we looked at confirmed checks were conducted such as employment references, fitness to work, proof of identification and criminal records checks.

During our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. People told us they received support when they needed it and staff were available. One person said, "There is always someone around to help if I need them." Staff we spoke with confirmed that there were enough staff rostered on duty to ensure people were safe. One staff member said, "Most of us have been working here for a long time. We are a good small team that ensure people are supported and kept safe." Staffing rota's showed that staffing levels were suitable to ensure people's needs were met and staff were available to supervise and support people when venturing

out and when participating in activities. A senior member of staff told us that staffing levels were managed according to people's needs and when people required extra support for arranged activities or events additional staff cover was sought.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place within their care plans which detailed the support they required to evacuate the home in the event of a fire. Fire signage was located throughout the home and indicated fire doors and fire exits. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff told us that all staff were trained as fire marshals and were responsible for coordinating a fire evacuation. They told us that in this event they would wear a high visibility yellow vest so they would be visible to all and particularly at night. Records we looked at confirmed that staff had received up to date fire training.

There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained. Regular routine maintenance and safety checks were carried out on gas and electrical appliances and water legionella tests were conducted in November 2015. The home environment was clean, free from odours and was appropriately maintained.



# Is the service effective?

## Our findings

People were supported by staff that had appropriate skills and knowledge to meet their needs. One person told us, “Staff are very good and they know what they are doing.” Staff completed an induction programme when they started to work at the home. A new member of staff told us they had an induction into the home which covered all areas of mandatory training including medicines management.

Staff were supported through regular supervision and annual appraisals of their performance. Records showed that staff had received supervision on a regular basis and had an annual appraisal in line with the provider’s policy. Staff we spoke with told us they felt well supported through supervision and felt they could speak with the temporary manager if they wished to discuss any issues or concerns. One member of staff said, “I feel very well supported by the temporary manager. I feel I can speak freely with them and know they would listen and be supportive.”

Staff received appropriate training that enabled them to fulfil their roles effectively. Training records showed that staff received training appropriate to the needs of the people using the service and which also meet the needs of staff. Staff told us that apart from the provider’s mandatory training, specialised training was also provided such as epilepsy, food allergies, managing urinary tract infections and people focused care. Staff demonstrated good knowledge on topics such as the mental capacity act and deprivation of liberty safeguards, manual handling, first aid, safeguarding and fire safety. Staff were also supported to further develop their professional knowledge and skills by being supported to undertake recognised accreditations such as National Vocational Qualifications (NVQ) in health and social care. One member of staff told us they had completed the NVQ level 3 in health and social care.

Staff demonstrated good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people’s right to make informed decisions independently but where necessary to act in someone’s best interests. The MCA sets out legal requirements for people who may lack capacity to make decisions ensuring their rights are protected in relation to consent or refusal of care and treatment. Staff understood the importance of seeking consent before they offered support and people who could not verbally communicate

staff looked for signs from people’s body language and behaviour to confirm they were happy with the support being offered. Records confirmed that staff had received training on the MCA and DoLS. DoLS protects people when they are being cared for or treated in ways that deprives them of their liberty for their own safety. The temporary manager understood the process for requesting a DoLS authorisation and we saw appropriate referrals had been made, and authorisations were in place to ensure people’s freedom was not unduly restricted.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being. People and their relatives spoke positively about the food on offer at the home. One person told us, “I choose what I would like to eat.” Another person said, “We all choose what we want and the staff get it for us. It’s all nice.” A relative told us they often visit to see their loved one at meal times and joined them for Sunday roasts.

People had health care plans in place which documented and monitored any risk relating to people’s physical health. Health care plans contained guidance for staff on people’s diet and nutrition which included monthly weight charts and any dietary requirements such as sugar free foods and special diets for people who were lactose intolerant or diabetic. People’s care plans and records demonstrated the home worked closely with dieticians, nurses and speech and language therapists to ensure people received the appropriate care and support. Recommendations and guidance made by health professionals were recorded within people’s care plans and we saw that staff followed them accordingly.

Menus were discussed and planned with people to ensure they took account of people’s preferences, dietary, religious and cultural wishes whilst promoting a healthy diet. People were offered menu choices daily and we saw a book with picture cards of various foods and menus available for people who were unable to verbally express their choice. Staff told us that people were consulted about the weekly menu and one person made a choice for one of the meals for each day of the week. This ensured that people’s preferences and choices were respected. Staff told us that they also promoted healthy options such as Soya and non-meat products as well as smaller plates to reduce



## Is the service effective?

portion sizes where people were at risk of increased weight. Throughout our inspection we observed that people were provided with drinks and snacks and bowls of fresh fruit were available in the dining room.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Health care plans detailed the

support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required. Records of health care appointments and visits were documented within people's care plans so staff were aware of any treatment required or advice given.

# Is the service caring?

## Our findings

People and relatives we spoke with told us that staff treated them with kindness and consideration. One person said, “The staff are friendly and kind.” Another person told us, “They [staff] are wonderful.” A third person said “I am very happy here and the staff are fantastic.” One relative spoke positively of the caring nature of the staff and how the home supported their loved one. They said, “She is well cared for and they have some excellent staff there who are good with her.”

Interactions we observed between staff and people using the service were positive and indicated that staff had developed good relationships with people. During our inspection we saw staff treated people in a respectful and dignified manner. The atmosphere in the home was calm and friendly and staff took their time and gave people encouragement whilst supporting them with personal care and daily living tasks. Staff respected people’s choice for privacy and we saw some people preferred to spend time in their rooms and to eat their meals in their rooms. We observed staff sitting with people engaged in meaningful conversations referring to daily news headlines and having discussions about what people planned to do for the day. Several people went out to various day clubs and social meetings whilst others preferred to stay home and watch TV, read or play games and activities with staff.

We observed staff speaking with people in a friendly and respectful manner. Care plans contained guidance for staff on how best to communicate with people including how people preferred to be addressed. For example one person’s care plan documented that they responded to staff better by being spoken to using terms of endearment such as sweetie or darling. Staff were familiar with people using the service and knew how best to support them. Staff told us how they promoted people’s privacy and ensured

their dignity was respected. They explained that they knocked on people’s doors before entering their rooms, ensured doors and curtains were closed when offering support with personal care and made sure information about people was kept confidential. One person using the service said, “Staff respect my privacy and always knock on my door.” Discussions with staff demonstrated their commitment to meeting individuals’ preferences and recognising what was important to each person.

People were supported to maintain relationships with relatives and friends. Care plans documented where appropriate that relatives were involved in their family members care and were invited to review meetings and any other relevant meetings or events held. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded within people’s care plans. One person said, “My family visit all the time and I enjoy seeing them.” A relative told us they were free to visit the home whenever they wanted and they were able to see their relative in communal areas or in private. They said their relative calls them on the telephone whenever they want and staff keep them well informed of any developments in their relatives care or any changes to the home and or service.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. People were given a ‘service user guide’ which provided information about what people could expect from the service. Care plans and assessments were compiled in a visual pictorial format to aid understanding and comprehension. Staff were knowledgeable about people’s needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

# Is the service responsive?

## Our findings

People received care and treatment in accordance with their identified needs and wishes. Detailed assessments of people's needs were completed upon admission to the home to ensure that the home could meet their needs safely and appropriately. Care plans provided clear guidance for staff about people's varied needs and behaviours and how best to support them. For example one care plan contained detailed information on how staff should support the person to dress and how to manage the person's anxiety and emotional behaviour when wearing certain clothing garments. Another person's care plan documented how staff should support the person when attending health care appointments and undergoing medical tests and screening. Health and social care professional's advice was recorded and included in people's care plans to ensure that their needs were met and contained guidance such as managing epilepsy. Care plans also recorded people's progress that was monitored by staff and as advised by health professionals, such as fluid monitoring, weigh charts and blood pressure.

Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. A relative told us they had been involved in their relative's care plan and reviews and had attended care meetings when required. We saw that people's care needs had been identified from information gathered about them and consideration was given in relation to people's past history, preference and choices. Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing and activities they participated in to ensure that people's planned care met their needs.

People's diverse needs, independence and human rights were supported, promoted and respected. People had

access to specialist equipment that enabled greater independence and dignity whilst ensuring their physical and emotional needs were met. For example one person had an epilepsy bed alarm that alerted staff during the night if the person suffered a seizure. This allowed for the person's dignity to be respected as staff only needed to enter the person's room during the night if the alarm sounded. Care plans contained detailed guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks by staff and servicing when required.

People were supported to engage in a range of activities that met their needs and reflected their interests. The home had access to a car that was owned by the provider and enabled people to venture out into the community. People had individual activity programmes which detailed their weekly activities. Activities we saw included trips out for lunch, visits to family and friends, shopping trips, attending local community clubs and social events, visits to local attractions and health and leisure activities such as swimming sessions. One person told us, "We do lots, everything is well organised." Another person said, "I love to go shopping, the staff take me." A relative told us they took their relative out on occasions and also visited the home frequently. Staff told us that people frequently took holidays of their choice and this was something they really enjoyed. We saw pictures in people's care plans of the holidays they had taken.

People and relatives we spoke with told us they knew who to speak with if they had any concerns. There was a complaints policy and procedure in place which was on display in the entrance hall of the home for people and visitors to review. However we saw that the complaints policy contained the wrong contact information which we brought to the managers' attention. They took appropriate action to ensure the correct information was displayed. Complaints records showed that where appropriate action had been taken to address any reported concerns. The manager told us that all complaints made about the home were analysed by the provider and the results were provided to the home for a learning exercise.

# Is the service well-led?

## Our findings

There was a range of quality assurance and governance systems in place to monitor the quality of the service provided. However these were not always used or conducted in line with the provider's policy to ensure issues were promptly identified and acted upon. For example the manager and staff conduct audits within the home in a range of areas including medicines, infection control, fire safety and a monthly service manager's report which reviewed several areas of the service including staffing, health and safety and safeguarding. However records we looked at confirmed that medicines audits had not been completed when required and in line with the providers policy. We also found that up to date records for the monthly managers' report were not available at the time of our inspection. We saw that one was conducted in March 2015 and in October 2015.

Although we found care plans and risk assessments were updated at this inspection, there were no systems in place to audit and monitor people's care plans and risk assessments to ensure that they remained reflective of people's needs and that any risks to people were effectively assessed and monitored. We spoke with the provider's head of operations who informed us that the provider was looking at their quality assurance processes in order to develop a monitoring tool to support the auditing of service delivery.

Records of meetings held showed that residents meetings had not been conducted on a regular basis with the last being held in August 2013. Staff told us that there was a keyworker system in place to provide people with the opportunity to discuss their care, however they acknowledged that there had not been a residents meeting held at the home for a significant period of time to enable people to share their views of the service and to direct change.

These issues were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no registered manager in post at the time of our inspection; however the home had a temporary manager in place to ensure staff were supported and to oversee the day to day management of the service. Staff told us that the temporary manager was very approachable and supportive and would listen to any concerns or suggestions they had about the home. One staff member said, "The new manager is very helpful and since they have been in post I have learnt so much." People told us there was a good atmosphere within the home and the manager and staff were friendly and respectful. One person said, "The staff are great and it's very well run." We observed the manager was visible during the course of our inspection and spent time talking to people and staff.

The temporary manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. We saw that staff meetings were held on a regular basis and were attended by staff. Meetings provided staff with the opportunity to discuss people's needs and the day to day running of the home.

The provider took account of the views of people using the service and their relatives through annual residents and relative's surveys. We looked at the results for the resident's survey that was conducted throughout March and April 2015. Responses were very positive with 100% satisfaction feedback in all areas asked such as, how happy people were with their rooms, whether people felt safe at the service and how satisfied people were with the care and support they received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The provider failed to ensure the proper and safe management of medicines.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The provider failed to assess, monitor and improve the quality and safety of the service.