

The Disabilities Trust

The Maples

Inspection report

Tokers Green
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RG4 9EY

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Maples is a residential care home that was providing care to 14 people living with learning disabilities at the time of the inspection. The service provides accommodation and support in three separate bungalows on one site for up to 15 people who have autism and accompanying learning disabilities.

We inspected this service within the principles of Registering the Right Support (RRS) and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

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

Not all people living at The Maples were able to verbally give us their views. Therefore, we observed their care and support throughout the inspection to help us understand the experience of people who could not talk with us.

Outcomes for people did not fully reflect the principles and values of RRS for the following reasons. There was limited information seen that staff were consistently providing support and care that met people's needs in line with strategies to reduce behaviour that challenged. People's care plans described what interests and activities may help in reducing behaviour that challenged. However, people's daily records showed limited evidence of these taking place. RRS principles state that social isolation should be reduced by accessing the wider community and other relevant resources.

We have made a recommendation that the provider refer to best practice guidance, on delivering care and support to meet people's assessed needs to achieve meaningful outcomes.

People told us they took part in activities they enjoyed and were supported to follow their interests. People, and where applicable their relatives, were provided with opportunities by management to review their support needs on a regular basis. Accessible information was provided to help people make an informed choice. Complaints were handled and responded to in line with the provider's complaints policy.

People were supported by staff that knew them well and were kind and caring. There was a calm, friendly and warm approach by staff when supporting people. People's views were requested and acted on and staff communicated effectively with people. Staff treated people with respect and dignity. People's records were handled appropriately and in line with data protection legislation.

People were protected from the risk of avoidable harm and abuse and staff understood how to act on any concerns. There were sufficient numbers of staff in place and they understood how to provide people with safe care and support. People's medicines were managed safely and effectively. Accidents and incidents were investigated. This included clear processes for investigation and support for staff to learn from

mistakes.

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. Staff were well trained and received regular supervision to enable them to carry out their roles effectively. People were supported effectively to eat and drink healthily and had access to support from external health and social care agencies.

There was a committed management team in place and there were effective systems to monitor and improve the quality of the service. The service had identified areas of improvement and produced an action plan to ensure these actions were completed. The provider and managers undertook regulation quality assurance checks to maintain an overview of the service. People, relatives and staff told us they liked the management team and felt supported. The provider and managers encouraged people, relatives and external stakeholders to give their views about how the home could be improved and developed.

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

Rating at last inspection: The last rating for this service was Good (published 13 January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The Maples

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

This inspection was carried out by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Maples is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager in post. 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 service was being managed by a regional manager and two assistant managers. The service had recently recruited a person to the post of registered manager, but they had not yet started working for the provider.

Notice of inspection: This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law.

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 and we took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the regional manager, two assistant managers and care workers. Throughout the inspection we used informal observation to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We spoke with one relative of a person who lived at The Maples and we sought feedback from 13 external professionals with knowledge of the service. We heard back from one health professional.

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.

Assessing risk, safety monitoring and management

- Risk assessments were completed, which included risks associated with behaviours that may challenge the person or others, health issues, and potential for abuse. We noted one inconsistency in relation to a person's allergy not being in all relevant records. We raised this issue with the management who took immediate action to ensure recording was clear to all staff.
- People's records had information about how to reduce causes of behaviour that may distress them or put others at risk. Where risks were identified there were plans in place to guide staff how to manage these.
- Care plans included personal emergency evacuation plans to ensure people were supported in the event of an emergency.

Preventing and controlling infection

- Some areas of people's homes needed cleaning. We brought this to the attention of the management. They told us there was an existing action plan in place to ensure the cleaning schedule was maintained and our comments were immediately followed up. On the second day of the inspection, the cleaning had been addressed, and we were assured that this would be monitored closely.
- Staff had received training in infection control. They had access to sufficient equipment to prevent the spread of infection, for example aprons and protective gloves.

Systems and processes to safeguard people from the risk of abuse

- People weren't always able to tell us if they felt safe. However, three people we asked indicated they felt safe by nodding their heads or giving a thumbs up sign. A relative said, "We haven't had any cause or evidence to say my relative is unsafe."
- People were supported by staff who understood how to identify and report concerns relating to harm and abuse. Information with contact details for outside agencies who may need to be informed were displayed in the service and staff knew where to find the information.
- The provider had effective safeguarding systems and procedures in place to investigate concerns and take appropriate action. Records showed that where necessary reports were shared with the local safeguarding team.
- Other health and safety checks such as fire systems, electrical and gas safety and legionella testing had been carried out.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely manner. Where people sought to engage with staff this was responded to and any queries were quickly attended to in line with people's communication

guidelines. There were always staff present in communal areas to ensure people were supported.

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before permanent staff were employed.
- Staff told us that staffing levels were sufficient to meet people's needs. The service used an electronic rota system which assisted monitoring adequate staffing levels at all times.

Using medicines safely

- Medicines were managed safely. There were safe systems for the receipt, storage, administration and disposal of medicines. Staff responsible for the administration of medicines had completed training and had their competencies checked.
- Medicines administration records were fully and accurately completed. Where people were prescribed 'as required' medicines there were protocols in place to ensure people received these medicines when needed.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and investigated. Action was taken to mitigate the risk of a reoccurrence. This included referrals to external professionals where appropriate.
- There was an electronic recording system that enabled management and the provider to analyse accidents and incidents and keep an overview of any actions needed.

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.

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

- The communal areas of people's homes were not homely and presented an impersonal environment. We spoke with the management who said due to behaviours that could challenge this placed limitations on what could be safely displayed. The management agreed they would look at options to improve the personalisation of people's homes alongside considering particular triggers.
- People had been involved with recent redecoration choosing what colours they would like in their bedrooms.
- Two of the properties had accommodation incorporating kitchen facilities for each person that they could freely access. This provided people with opportunities to make drinks and prepare and cook meals.

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

- Assessments were completed prior to people living at the service and were used to develop person-centred care plans. These included positive behaviour support plans.
- Care plans described how information was initially gathered from people, their families and professionals previously involved with the person.
- There was evidence of other current best practice being followed. For example, the service was working to the STOMP guidance. STOMP stands for 'stopping over medication of people with a learning disability, autism or both with psychotropic medicines'. Regular medicines reviews were held by a psychiatrist. We saw an example of one person whose medicines had been withdrawn which they proudly told us about. This meant that unnecessary medicines were not being administered when not needed. This helped to improve people's health outcomes.
- The service had also signed up to the 'Learning Disability Charter. This guidance aims to support providers to improve the wellbeing of people with learning disabilities with the aim of reducing inequalities in health and social care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. Staff could request additional training when they needed it. Regular staff members and agency staff undertook an introduction to their role when they first started working at The Maples.
- Management acknowledged that yearly appraisal meetings needed to be improved and an action plan was in place to support this. However, staff were supported to access development opportunities which included national qualifications in social and health care.
- Staff were supported through regular supervision and told us they felt supported by this.

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

- People were supported to eat and drink sufficient amounts to maintain good health. People's dietary preferences in line with their religion were respected.
- Staff supported people to plan, shop and prepare their food and make healthy choices where possible.
- Staff we spoke with knew the level of support each person required to eat and drink safely.

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

- People were supported to live healthy lives and access healthcare services. We saw referrals were made to a range of health care professionals, as and when required, in support of people's needs. This included to GPs, district and learning disability nurses, occupational therapists and physiotherapists. One person had undergone surgery to improve their mobility. We saw staff had liaised effectively with the hospital professionals to support the person through this.
- A health professional commented, "My contact with The Maples and their residents and staff occurs when their residents access the health services at [the hospital]. I have found the staff to be very engaged with pre-operative planning and I have witnessed excellent support of residents by The Maples staff in both planned and emergency health care.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes. The provider information return had explained how the service used phone technology to avoid appointments that may cause distress where possible. For example, using photographs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for people's consent before providing them with care and support and we saw this in practice during our inspection. Staff told us that they assumed people could make decisions unless assessed otherwise, and always supported people to make independent decisions where appropriate.
- A member of staff said, "What I do with [person] is open his wardrobe and let him choose what he wants to wear". The staff member went on to say that choice in every possible way should be carried out. They stated, "[Person] must enjoy his life and we need to help him."

Is the service caring?

Our findings

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

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

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

- We observed people being treated with kindness and compassion. When asked if they felt cared for, one person said, "Very well" and the other people indicated with a nod of the head to gesture 'Yes' and smiles.
- A health professional provided feedback stating, "I have only ever witnessed kind and compassionate care from The Maples staff towards their residents."
- Staff knew people well and valued them as individuals. They used their understanding of people to support them with empathy and understanding. This included supporting people when they became anxious.
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People's records recorded that they had been involved in developing their support plans.
- Where appropriate relatives were involved and were kept informed of changes. A relative told us they received regular updates stating, "We get a phone call and get feedback from any appointments."
- Staff took time to speak with people and explain choices to them in a way they understood. One person became agitated during the inspection and we saw staff supported the person to reassure them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "The staff give me my own time and let me have my own shower." A relative said, "The staff knock on the door before entering and if the staff want something then they will ask [person] first. Also, the staff make sure [person] is dressed well."
- The care plans of people living at The Maples guided staff to always respect their privacy and dignity when providing personal care.
- Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing cabinets. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

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 deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- There was limited information seen that staff were consistently providing support and care that met people's needs in line with strategies to reduce behaviour that challenged. For example, one person's records stated they disliked being bored or isolated. However, records showed the person spent a lot of time in their room and there was no evidence recorded of any activities taking place to ensure they were not bored or isolated.
- People's care plans described what interests and activities may help in reducing behaviour that challenged. We saw examples of what a person liked, such as sensory activities using smells, water activities and massages. However, the person's daily records did not demonstrate any of these taking place.
- We spoke with the management team about these findings. They said that people were taking part in activities and interests important to them. However, they acknowledged that the records did not fully reflect what people were doing on a day to day basis.
- The rural location of the service and availability of staff who could drive, meant the principle of inclusion in the Registering the Right Support guidance was compromised. We found limited evidence for some people's social isolation being reduced by accessing the wider community and other relevant resources.

We recommend the provider refer to best practice guidance, on delivering care and support to meet people's assessed needs to achieve meaningful outcomes.

- People had information in the care plans about their interests and chosen activities. One person told us, "I go on bus rides, out for lunch, go to the social club, living rain forest and cinema. The provider sent us information before the inspection. This stated staff were flexible in accommodating people's changing needs and choices. For example, one person needed to go swimming when it was exceptionally quiet, so two staff went to work at 6.30 am to facilitate this.
- One person's hobby required a large piece of equipment which had been placed on site to facilitate their hobby. A person proudly showed us examples of what they had made, and it was clear the person had been supported to excel in an interest they enjoyed.
- People were encouraged to maintain family relationships. Relatives could visit The Maples any time. This supported people to maintain contact with those who mattered to them. A relative told us, "I always feel welcome when I visit my relative."

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

- People's needs in relation to protected equality characteristics, choices and preferences were met. For

example, a person was supported to attend a temple of their choosing. Staff ensured this took place and understood this did not compromise their own beliefs.

- Regular reviews took place involving the person and those important to them. One relative said, "We have been to several reviews and meetings."

Improving care quality in response to complaints or concerns

- The service had received compliments from families and external professionals for people's care and support.
- The service had a complaints and compliments procedure in place. We saw that the previous registered manager had met with a family who had concerns. Following this meeting the family were assured and knew how to raise further concerns or pass on compliments.
- A relative told us they had not needed to make a formal complaint about anything. They knew who to contact if necessary.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. Information about these needs was shared appropriately with others involved in providing people with care and support.
- People had communication profiles which were in easy read formats and pictures. People were supported to use computers or other equipment to aid communication. Makaton training had been provided and assistance had been sought from Speech and Language Therapists (SALT) where necessary.
- People had behavioural support plans in place, that explained why a behaviour may be happening, explaining their method of communicating that need, and how to manage it if it occurred.

End of life care and support

- At this inspection no one was receiving end of life care. Should someone require end of life care, the manager and the provider would work with the placing authority to see if they were able to meet such needs.

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

- The management team were actively engaging with staff to improve the culture of the service and outcomes for people. We saw guidance had been issued to staff about considering goal setting with people incorporating inclusion in the community, health and well-being and independence.
- Staff were happy in their roles. One member of staff said, "The managers don't hide, they are on the floor asking if we're okay, it makes you feel we are within the team."
- People and their relatives told us staff were approachable. A relative told us, "Brilliant. [Assistant manager] is really good. We have most contact with her." Another relative said, "We are very happy with the care and service that is provided to [person] and we hope they can stay there as long as possible."
- An assistant manager won an award from the provider's 'bright idea' scheme. This was to create a forum for all activities coordinators across the Trust to share ideas, information and practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was no registered manager in the service at the time of the inspection. The regional manager told us a person had been recruited and would apply to become registered with the CQC. In the interim the service was managed by experienced assistant managers with support from the regional manager and wider organisation.
- Management systems identified and managed risks to the quality of the service. Where necessary, managers took action to account for the actions, behaviours and performance of staff. For example, following a whistle blowing concern, an intensive quality assurance service review had taken place. Actions were put in place and followed up weekly and with regular quality assurance visits from the provider.
- Legal requirements, including about conditions of registration and managers, were understood and met.
- The provider had achieved accreditation for meeting the standards identified in General Data Protection Regulation (GDPR). This is a regulation that ensures people's data and information is protected to ensure privacy.

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

- Records showed that the provider and management were aware of and met their responsibilities relating to duty of candour. Relatives were kept informed of incidents and any investigations.
- Staff told us they could speak in an open and transparent manner about the service and their views were

listened to and used to improve the service provided.

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

- People and their relatives were encouraged to give their views on the quality of the service. Regular meetings were held with people to discuss relevant information. For example, at one meeting, an assistant manager discussed safeguarding with people living at The Maples and what it meant to them.
- Relatives were invited to give their views at regular reviews and through annual surveys. Feedback was sought from people, relatives, staff and external professionals as part of the internal quality assurance review. We saw one concern had been raised and saw evidence that this had been resolved satisfactorily with the relative stating, "We are happy with the responses and a big weight has been lifted from our shoulder."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide joined up care.
- We received positive feedback from a health professional who was complimentary about the management of the service. One said, "Senior staff from the Maples contact the learning disability liaison nurse at [the hospital] in a timely manner and maintain contact during the course of the resident's healthcare episode."