

Kings Residential Care Homes Limited

Maple House

Inspection report

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Ratby
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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 provides care for up to five people who have a learning disability or autism.

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

The service was an adapted domestic style property. It was registered for the support of up to five people. Five people were using the service. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Everyone we spoke with praised the management and staff for the quality of the service provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were safe from abuse and avoidable harm. There were effective safeguarding procedures in place and staff followed them. Staff knew how and who to report any concerns to. There were enough staff to support people safely. There were systems in place for any absence of staff and managers, so people continued to receive their support as planned.

Staff were recruited safely and had the right skills and experience to meet people's needs. The environment was clean, well maintained and a safe place for people to live. Evacuation procedures were robust in the event of an emergency.

Staff followed infection prevention and control procedures to reduce risk of infection and people received their medicines as required.

People's needs, and choices were assessed before they used the service. Risks to people's health and well-being were managed. Staff received training and updates on best practice guidelines that were appropriate to people they supported.

People were treated to kind and compassionate care. Staff protected people's dignity and confidentiality discreetly. Staff were sensitive to people's individual needs and they understood how best to support

people. Relationships between people and staff were positive. Changes to people's health were reported and monitored, and staff supported people to their appointments.

Support was person centred and delivered the way people preferred and met their individual needs. Staff understood people's needs with regards to the protected characteristics of the Equality Act 2010. Information was available to people in accessible formats and staff knew people's communication needs and understood how best to engage people.

People were occupied with activities, hobbies, and interests of their choosing. The atmosphere in the home was warm and friendly and people looked happy in their surroundings. The service met hosts from community venues to ensure people's visits could be catered for safely and people's diets and mobility needs were met.

People knew how to make a complaint and would feel confident doing so. People had opportunity to meet with the manager to discuss any concerns. Visitors were warmly welcomed at times suitable to them.

The service was managed well and there was an effective quality assurance processes in place. Action plans were developed following any shortfalls in the service and the registered manager worked closely with health and social care services.

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

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 as many opportunities as possible for them to gain new skills and become more independent.

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 (report published 01 November 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

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 team consisted of one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 07 June 2019 and ended 10 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, acting manager, deputy manager and

care staff.

We reviewed a range of records. This included three 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.

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's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Relatives told us they trusted the service and felt their loved ones were safe. One relative told us, "I feel [named relative] is always safe. Another relative told us, "When I leave the home after visiting I feel [named relative] is safe and well looked after."
- Staff had received training and knew what to do if they had any concerns about people's safety. Staff knew signs of abuse and how to report it. They felt confident their managers would take concerns seriously. One staff member said, "I feel I am well trained about safeguarding, I know what to look for and if I needed to could contact the safeguarding team for them to investigate. I've never had to do this here though."
- Safeguarding information in written and pictorial form was openly displayed in the home. This meant people and visitors could understand potential signs of abuse. The display included telephone numbers of organisations people could call for support if they needed it.

Assessing risk, safety monitoring and management

- Risks were assessed and management plans were in place to monitor people safely. For example, a person who required 24-hour monitoring had equipment in place for a health condition that could deteriorate quickly. Staff were observed operating this equipment to support the person quickly if needed.
- People had comprehensive evacuation plans in place and staff knew the best way to support people to safety in the event of an emergency such as a fire. The registered manager arranged regular evacuations to ensure procedures were effective. Staff told us they were confident with the arrangements in place.
- People's care was reviewed regularly. Staff told us they read care plans and the information helped them to meet people's needs safely. One member of staff told us, "I know people very well and care plans are good. When they are updated I am told about it."

Staffing and recruitment

- People were individually assessed for the level of support they needed, and there were enough staff to meet people's needs. The provider used agency staff when permanent members of staff were not available. The agency staff deployed were known to people and they knew them well. This caused people minimal disruption.
- Staff supported people patiently with their planned activities throughout our visit. One staff member told us, "I have the time people need and I never have to rush." Relatives felt there were enough staff. One told us, "I feel there is enough staff. I visit at different times of the day and evening, and the staff on duty is always the same."
- There was a robust recruitment policy so that as far as possible, only staff with the right character and experience were employed.

Using medicines safely

- Medicines were managed safely. Staff were trained in the safe administration of medicines and their competency was checked by the registered manager.
- Staff took time with people when administering medicines explaining what each medicine was for and why it was important for their health.
- Records were accurate and up to date and medicines were stored securely and at the right temperatures.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible.
- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. They followed good practice guidelines, including washing their hands and wearing gloves and aprons.
- One relative told us, "The home is always clean and tidy when I visit."

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team reviewed risk assessments and care plans following an incident. For example, one person who had fallen had their support reviewed and equipment put in place. The registered manager discussed this with the staff team to ensure they knew of the changes made and to apply them to their practice.

Is the service effective?

Our findings

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

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

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

- People had their care and support needs assessed to ensure they could be met. We saw how people's life history had been fully explored so that care and support was arranged how they wished.
- People's protected characteristics under the Equality Act were considered and respected. This meant people's specific needs, for example relating to their religion, culture or sexuality were respected and met.
- The registered manager and staff kept up to date with good practice through training, and with organisations such as the local authority. This ensured that staff delivered care in line with all relevant evidence-based guidelines.

Staff support: induction, training, skills and experience

- Relatives told us staff were experienced and highly skilled to carry out their roles. They said during their visits they witnessed how staff used their skills and training when supporting people. One person told us, "It's abundantly clear they know what they are doing, they are extremely good at their job."
- Staff told us they were trained well. For example, we saw how staff were supporting people safely with their mobility needs. People's responses assured us they were comfortable and trusted staff.
- A comprehensive training and induction programme was in place. The registered manager undertook regular competency checks to ensure practice continued to be delivered safely. Staff worked alongside experienced colleagues until assessed as competent themselves.

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

- People's nutritional needs were met, and their preferences considered. People assessed to require their diet to be monitored was safely managed. Care records confirmed this was carried out. This meant staff could quickly recognise when people had not had enough to eat and drink and could act swiftly.
- Staff understood people's nutritional needs and followed guidelines by health professionals. People's weight was taken and recorded in their care files.
- We saw people's food presented according to their assessed needs. The meal time experience was a social event. People were enjoying their meals and staff supported them when they needed it.
- One relative told us, "The food is great, well presented and I am even offered a snack too. [named relative] always looks well fed and hydrated."

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

- Staff worked closely with other agencies such as the local authority and healthcare professionals. A local G.P. practice supported the home and staff felt confident people could receive timely treatment when they needed it.
- Staff were aware of people's health needs so any deterioration in health could be identified promptly. People had set numbers of staff to support them when they left the home. These were always available, and people's appointments were always kept.
- Staff discussed people's health during their handover from one shift to another. This meant people's health was closely monitored.
- Care records showed when people had appointments and any treatment was documented and communicated to staff.
- One relative told us, "They [staff] know [named person] well and get help when needed and inform me what is happening."

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

- The environment was safe, clean and hygienic. The home had been adapted according to people's needs. For example, people had safe and secure access to gardens and communal areas. These areas were spacious and included a sensory room and spa pool.
- A programme of environmental improvements had commenced. We saw flooring had been replaced and décor in communal rooms refreshed.
- People had choice and control of how their rooms were decorated and presented. We saw photos, pictures and mementos on display.
- Pictorial form signage was evident around the home. Where areas were unsafe for people these were secured.
- People's privacy was maintained with bedroom and bathroom windows opaque in design.

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 asked permission before providing care and support and checked throughout the support that people were still consenting. We saw staff communicating and explaining to people what they were doing.
- When people declined support, staff respected this. For example, we saw one person who didn't want support at a time it was offered. Staff respected this and approached the person later which the person then consented to.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected

their work. They had ensured information about each DoLS and how this should be applied in the least restrictive way was recorded in people's care plan.

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 in their care.

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

- People were treated to kind, caring and sensitive care. Our observations confirmed this.
- One relative told us, "Staff care about people, I can see this every time I visit. This is what care should be like. Where [named person] lived before the care was not a patch on what it is here."
- There was a connection between people and staff. People showed this by smiling and laughing with staff. Staff were patient, had time to support and talk to people, and there was a jovial and calm atmosphere in the home.
- Staff responded to people timely and appropriately. During our visit we saw one person had become distressed, staff intervened calmly and prevented this from escalating. They distracted the person by walking around the home chatting about favourite activities and pastimes. Staff responding quickly prevented other people from becoming upset.

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

- People, and where appropriate, their relatives were involved in making decisions about their care and day to day lives. People and their relatives were involved in developing their care plans. Staff carried out care plan reviews with people and recorded any change made.
- Staff gave people choices, they knew the most effective way to communicate with them. One relative told us, Staff are 'tuned in' to [named person's] likes and dislikes. For example, one person, liked performing different tasks around the home. Staff knew this and devised a list of tasks with the person that were achievable and safe.
- Care plans contained information and instruction to staff about the things that were important to them and the way they preferred to be supported. For example, one person's care plan stated how important it was to talk about hobbies. Staff were able to tell us about information contained within people's care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in promoting people's dignity. Observations confirmed people's privacy was respected. Staff knocked on people's bedroom doors, spoke to people confidentially in communal areas and encouraged people not to discuss other people in front of others.
- Relative's told us people were respected as individuals. One relative said, "I see how [named person] is spoken to about private matters. For instance, when being supported with personal care this was done out of earshot of anyone and the bathroom door is always closed."

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

- Staff met people's physical, mental, emotional and social needs. Care plans were detailed and gave clear instructions to staff about the best way to meet the person's needs and how to communicate. They recorded people's social, cultural and religious needs.
- People were involved in the planning and development of care plans. One relative told us, "We were fully involved. We are invited when plans are reviewed and informed of any changes in between." Another relative told us, "Staff know and follow care plans, they are not just a piece of paper."
- People were truly at the centre of their support. Care and support was recorded and delivered in a personalised way taking account of people's needs and preferences.
- Staff had received training about equality and diversity and they knew how to protect people's unique characteristics under the Equality Act 2010.

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 and their relatives received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard.
- The acting manager told us information was made available to people in the service tailored to their communication needs. People currently living at service relied on information to be provided in large print and pictorial form. We saw continual evidence this was provided.

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

- The service had an ethos of supporting people to take part in the local community both individually, and where appropriate in a group. This meant the service was aware of the importance of providing the same opportunity for people whatever their disability.
- Staff researched appropriate venues that could support people safely. For example, a relationship with a local restaurant had been developed. People's dietary requirements were met by the service working in close partnership with the venue, so people could eat safely.
- Staff had time to support people to take part in activities of their choice. They also encouraged people to join socially.
- People had opportunity to holiday together in accommodation that met their needs. Staff told us they

worked with representatives of venues to enable suitable seating to be reserved and for people to take part if they wished.

- Relatives told us they were invited to events to socialise with their loved ones and this was important to them. Staff recognised the importance for relatives being able to visit and take part in the home's social events.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and on display in the home. Information was in different formats, so people and their relatives understood how and who to raise their concern with.
- People we spoke with had not raised any complaints but were confident if they did they would be taken seriously. One relative told us, "The registered manager is extremely approachable. From day one I was told if there is a problem, no matter how small I should raise it straight away and it would be addressed."
- People were complimentary about the service and keen to tell us their positive experiences.
- Staff told us they had good relations with relatives and would report any issues raised to them to the registered manager. They had faith these would be resolved.

End of life care and support

- Care plans provided opportunity for discussion and arrangements for end of life care to be made according to people's wishes. No one was receiving end of life care at the time of our inspection.

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; 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

- There was a culture of openness in the service and people were encouraged to share their views. Staff felt supported by the manager and an 'open door' approach for providing support and guidance when needed.
- The registered manager was a visible presence in the home and had been in post for many years. People told us they trusted and had confidence in how the service was led. One relative told us, "The manager is brilliant, has been there for years and knows everyone really well."
- The provider was supportive of the registered manager and they met frequently to discuss all aspects of the service.
- The registered manager reported any incidents to the relevant authorities and worked collaboratively with them. Where things had gone wrong changes were made and shared with staff.
- For example, the manager identified during an audit that an incident had not been reported. A new incident reporting system was introduced. This was shared with all staff in a team meeting. This meant staff were clearer when and what incidents needed reporting to the registered manager so effective action was taken promptly.

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

- Staff were supported with supervision, appraisals and training. There was a clear staff structure and staff knew their roles, their limitations and who to ask for support.
- Quality audits were completed regularly, and action taken where issues were identified. For example, following an environmental audit of the home a programme of repair and refurbishment had been planned. A maintenance person had been employed and we saw improvements identified were being made.
- The provider visited frequently to monitor the quality of the service. People knew the owner and we saw how they were able to ask questions openly during our visit.

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

- The service worked hard to empower people to be part of the local community and strived for people's rights to be upheld. Staff had time to research and contact local services, such as pubs, restaurants and holiday venues so they could work together to achieve people's outcomes and improve their quality of life.

- People always had opportunity to give their views of the service and their relatives were able to contact the provider and registered manager at any time.
- Whilst satisfaction surveys were completed, and people's comments identified no concerns, most people told us their preference was to provide their feedback in a more informal way because their relationship with the registered manager was so positive.

Continuous learning and improving care

- The registered manager recognised the importance of people and staff relations. Flourishing relationships had been established in the service and we saw how people's lives benefited from these. By offering opportunity for staff to develop their role, have flexible working patterns and access to good training, the registered manager felt staff were likely to continue their employment with the service.

Working in partnership with others

- The registered manager worked in partnership with other agencies, such as the GP and local authority to ensure that people received joined-up care. The provider enabled the service to call upon resources from a local sister service. For example, staff and managers were able to support the service when staffing and management cover was required. This arrangement was in place during our inspection.