

Dimensions Somerset Sev Limited

# Dimensions Somerset The Maples

## Inspection report

The Maples  
Catherine's Close  
Castle Cary  
Somerset  
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Tel: 01963359300

Date of inspection visit:  
12 July 2018  
19 July 2018

Date of publication:  
03 October 2018

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 12 and 19 July 2018 and was unannounced. This is the first inspection for the location under this new provider.

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

Dimensions Somerset The Maples provides care and accommodation for up to six people who have a learning disability and other complex health needs. It is operated by Dimensions Somerset Sev Limited, part of a national not for profit organisation providing services for people with learning disabilities, autism and complex needs. Six people were living in the home at the time of our inspection. Some of the people we met could verbally communicate with us and others were not. Their opinions were captured through observations, interactions they had with staff and their reactions.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection there was a registered manager in place. 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 registered manager and staff went above and beyond what was expected of them to ensure people received care and support in a caring, respectful and dignified way. Even with limited verbal communication people could express an opinion about the care provided and contributed to their care plans.

People indicated they felt safe living at The Maples. One relative told us, "I know [the person] is safe living here, the staff and manager are brilliant."

There were processes and practices in place to keep people safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people and children. All staff spoken to were able to tell us what they would look for and how they would report anything they thought put people at risk of harm or abuse.

People received effective care and support from staff who had the skills and knowledge to meet their needs.

All staff attended an induction which included the companies' mandatory training before they started to work with people. Staff also received training about the specific needs people had for example, the safe management of epilepsy. The registered manager had also arranged training for staff in recognising why people's behaviour can challenge or be expressive. This meant staff could recognise the reasons behind the needs of a specific person.

People received responsive care and support which was personalised to their individual needs and wishes. Staff were innovative in finding ways to improve people's lives and help them to achieve their goals and expectations. People were very active in the local community and because of the approach taken by staff people were beginning to be respected by the local community. There was clear guidance for staff on how to communicate with people and how to know when a person was not happy or distressed. People were supported to access health care services and see healthcare professionals when necessary.

People were supported by a team that was well led. Everybody spoken to said they thought the service was well led. Staff, relatives and health professionals spoke highly of the registered manager. They all said they were open, approachable and honest. The registered manager was passionate about making people's lives meaningful and different; this was reflected by all the staff we spoke to. During the inspection we noted that the registered manager always spoke with people when they past her or she past them.

Relatives spoke about their anxiety of potential changes in the management team; which they felt could adversely affect people's care and the service more generally. One relative said, "I am concerned about the changes but [the registered manager] has not allowed that to impact on the home it is brilliant staff all seem positive." Staff spoken to were mainly positive about the changes one staff member said, "We have had to accept some major changes. We don't bring our anxieties to work, it is their home, not our work place and it would be unfair to cause them any anxiety." The registered manager told us they felt the home had already been working towards some of the new approaches so it had not been too much of a change.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised. The provider learnt from issues raised at CQC inspections at other services in the organisation and shared them with the registered managers to ensure improvement was ongoing and cascaded through the organisation. The registered manager closely monitored the progress being made in the home with the adoption of the new working practices and kept staff informed.

## 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.

People were supported by staff who had been well recruited to make sure they were safe to work with vulnerable people.

There were sufficient staff to maintain people's safety and meet their needs.

People's medicines were safely administered by staff who had received appropriate training to carry out the task.

### Is the service effective?

Good ●

The service was effective.

People's health and well-being was monitored by staff and advice and guidance was sought from healthcare professionals to meet specific needs.

People had access to a good diet and food was provided which met their specific needs and wishes.

People received care with their consent or in their best interests if they were unable to give full consent.

### Is the service caring?

Good ●

The service was caring.

People received their care from staff who were kind and caring and often went above and beyond what was expected of them.

People were supported to express their views.

People's privacy and dignity were respected and they received support in a way that respected their choices.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Staff were innovative in finding ways to support people to achieve and set new goals and expectations.

People were supported to make choices about their day to day lives where possible.

People were able to take part in organised activities or choose to occupy their time in their preferred way.

Relatives would be comfortable to speak with a member of staff if they had any complaints about the care or support provided.

### **Is the service well-led?**

The service was well led.

The registered manager promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised for their work.

Quality monitoring systems were in place which ensured the management had a good oversight of service delivery

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

**Good** ●

# Dimensions Somerset The Maples

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 19 July 2018 and was unannounced.

It was carried out by one adult social care inspector.

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with other health and social care professionals and looked at other information we held about the service before the inspection visit.

Some people who lived at the home were unable to verbally express their views to us. We therefore used our observations of care and discussions with staff to help us form our judgements. We spoke with two people who used the service and spent time with others carrying out observations. We spoke with eleven staff including the registered manager and support staff. We also spoke with two relatives about their perception of the care and support provided.

We looked at three people's care records. We looked at three staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complements and complaints system, medicines records, health and safety records and a selection of the provider's policies.

# Is the service safe?

## Our findings

People who could express their views either through verbal or non-verbal communication indicated they felt safe living at The Maples, one relative told us, "I know [the person] is safe it is an amazing home." During the inspection we saw people were at ease and cheerful when staff spoke with them or provided care and support.

Risks of abuse to people were minimised because the provider had robust recruitment procedures. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. One staff member confirmed they had not started work until all the relevant checks had been carried out, they told us, "They did all the checks before I started, and they were very thorough, I was impressed."

The provider had systems and processes which helped to minimise risks of abuse to people. Staff had completed training to recognise and report abuse and all were confident that anything reported to the registered manager would be dealt with to make sure people were safe. One member of staff said, "The training here is very good and I have absolutely no worries that any incident would be dealt with appropriately." Another staff member said, "If I am not happy about something I mention it straight away, [the registered manager] is very good and I know she would act immediately."

People were supported by enough staff to meet their needs. When the change in provider first happened a few staff left. The registered manager explained some staff had returned and they had recruited more staff. Only regular agency staff were used to ensure people were safe and their needs met. All the staff spoken with said they felt there were enough staff. One staff member said, "We were short but it is getting better, we cover when needed." The registered manager explained how staff had gone above and beyond what was expected of them during the winter weather. They worked together as a team and the provider published "Snow heroes" to recognise those who went above and beyond.

We saw systems were in place to ensure people's medicines were managed consistently and safely by staff. Medicines, were obtained, stored, administered and disposed of appropriately. 'As required' medicines had clear guidance to ensure staff were administering them consistently. There were temperature checks of the cupboards to ensure medicines were stored at a safe temperature. Records showed action was taken such as opening bedroom windows when a room was found to be above the required temperature. Medicines were only administered by staff who were trained to administer medicines and had completed competency checks. This meant people could be confident staff who administered medicines were competent and up to date in their practice.

People had risks identified and measures in place to mitigate them to help keep them safe. This included pressure care, mobility and eating and drinking. Clear guidelines were in place for staff to follow to reduce these risks. When people had been identified as having behaviours which could challenge themselves or

others there were directions for staff to follow. These helped to reduce people's anxiety and reduce the likelihood of them becoming distressed.

Staff had looked at how they could support people to be safe when in the community. They had noted that although they carried a first aid kit when out in the community these were kept in the vehicle. Following discussion, it was agreed each person would have their own personal first aid kit in a bag on the back of their wheelchair. Staff had also discussed the possibility of a care worker not being able to pass on vital information about a person in an emergency. With the consent and input of the people living in The Maples they had devised "mini" booklets with details about the person, their needs, likes and dislikes, and what to do if they were upset or in pain. These were also kept in the bag on the back of the wheelchair so anybody assisting in an emergency would have the basic details they needed to support the person safely. One person gave us permission to look at their "mini" booklet. We saw they were informative and in an easy to read format.

People were supported safely to transfer between two places. There was ceiling tracking fitted in bedrooms to enable people to be safely hoisted from their beds to the bathroom or their wheelchairs. Lifting equipment had been tested to ensure it's safety. Staff had received training in how to safely move people using this equipment.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made or lessons learnt. Reports were also reviewed at the provider's auditing visits to further ensure accuracy in recording and that appropriate action had been taken.

People were protected against the risks of the spread of infection because all areas of the home were kept clean. There were hand washing facilities throughout the home and alcohol gel was available for staff and visitors to use. Staff had received infection control training and had access to personal protective equipment such as disposable gloves and aprons. We saw these were used appropriately throughout the inspection.

## Is the service effective?

### Our findings

People received care and support from staff who had the skills and knowledge to meet their needs. People who could express their views indicated that staff knew them well. One relative said, "They [the staff] are amazing, they really know [the person] and always go that extra mile to make their life enjoyable."

New staff received an induction including information relating to the Care Certificate and shadowing more experienced staff. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff confirmed they had spent time in induction training and shadowing other staff before working unsupervised. One staff member told us how they had shadowed senior staff until they felt confident to work unsupervised. Another staff member said, "The induction training was really good and I learnt a lot."

Staff received the training they required to safely fulfil their roles and effectively support people. The provider had a training matrix which showed when staff had completed training and when up dates were required. This helped to make sure people received care and support from staff who had up to date skills and knowledge to meet their needs. Staff told us they also received training in the specific needs of people such as epilepsy and supporting people to eat safely. One staff member said, "The training is really good, plenty of it available, and plenty of support to do extra training which is more relevant to the residents we look after."

Staff told us they had received enough support from the registered manager to meet people's care needs. The registered manager completed an annual appraisal for each member of staff to discuss their performance, training needs and where improvements were required. They also had a one to one supervision system with senior staff managing supervision for staff in their team. The registered manager also held regular team meetings when wider issues could be discussed. For example, we saw evidence of discussions around issues raised by CQC at other services within the organisation. This showed that lessons were learnt and cascaded through the organisation. At one team meeting they had also invited a consultant to talk about how and why people's behaviour can challenge or be expressive followed by a team reflection on how they worked. Following that they have arranged for the consultant to support them in recognising the needs of a specific person who can at times be challenging.

People had their nutritional needs assessed and were supported to have a good diet. Staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice. People were supported to eat and drink with individual plans to support their health needs. These were accessible by all staff in the kitchen. Food and drink was prepared in line with this information. On the first day of the inspection we observed staff preparing lunch. They involved two people throughout the process even though they were unable to physically help. People were asked what meal they preferred and what vegetables they wanted. There was a lot of laughter and banter during the meal preparation and one person indicated to us they were enjoying being involved.

People's care was tailored to their individual needs. Each person had a detailed health care plan, which was up to date. This described each person's health needs and any risks to their health. People saw their GP, dentist and optician when they needed to; they had annual health checks. People also had specialist support, such as an epilepsy nurse, psychiatrist, learning disability nurse and speech and language therapist. During the inspection staff were reviewing care plans and recording them in the new provider's format. The registered manager explained how family members had also been involved so that the care plans were personalised to the individual. The service had also signed up to the STOMP initiative. "STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines." This is a national project and healthcare providers have been encouraged to sign up and support people to reduce over medication. The registered manager confirmed they were working closely on the project with the GP.

People only received care and support with their consent or in their best interests if they were unable to give consent. Care plans showed people's ability to make specific decisions had been assessed. Records showed how staff had tried to involve people as far as possible in decision making.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People's legal rights were protected because staff worked in accordance with the act. Staff had undertaken training in the mental capacity act and knew how to support people who were unable to decide for themselves. Care plans contained information about people's capacity to consent to areas of their care. Where people lacked the capacity to give consent best interests' decisions had been made.

When restrictive practices had been identified such as having bed rails or straps on their wheel chairs there were risk assessments and guidance in place to protect people. If a person was unable to consent to the restrictive practices then a MCA assessment and best interest decision was in place. When appropriate, people important to the person including family and other professionals had been consulted.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection the registered manager had made applications to the appropriate authority. DoLs authorisation which had run out had also been reapplied for.

The Maples provided appropriate accommodation for the people who lived there. All accommodation used by people on the ground floor including bedrooms, communal areas and the garden could be accessed by people using wheelchairs. Each person's bedroom was personalised in a style they liked.

## Is the service caring?

### Our findings

People were cared for by kind and caring staff who went above and beyond what was expected of them to provide people with a homely all-inclusive environment. Throughout the inspection there was a happy cheerful atmosphere with plenty of laughter and banter. Staff explained that The Maples was not a work place it was people's home and they respected that. One staff member said, "Hope you don't mind the classical music but that is what the customers want so that is what we play it is not for the staff."

Throughout the day we saw staff spoke to people respectfully and showed kindness and patience when supporting them. One relative told us, "All the staff are very kind and caring. [The registered manager] leads by example and you can see the influence she has. [The person] is at the centre of everything they do for him."

The registered manager told us how staff would often cancel their own annual leave or day off to support a person to go on their holiday or achieve a life changing goal. They also told us how in the bad weather during the winter staff had walked to the home to ensure there was sufficient staff to look after people safely. The staff had then slept at the home until other staff could come in. They told us how the links they had made with the community meant a member of the public had offered to transport staff in their 4x4 vehicle.

Staff knew people very well and could understand their communication even if it was not verbal. One member of staff told us, "When I first started I was a bit surprised at the way staff spoke with customers. Then I used the communication care plans to understand why and it all made sense. [The person] reacts positively to certain phrases and it is so refreshing to hear laughter and joking." We observed people were communicated with in line with their communication care plans.

Staff used a variety of ways to communicate with people and to support them to express their views. People had phrases that they liked to use or picture boards to indicate what they wanted or wished to do. All staff spoken with knew each person's preferred way of communicating and supported people to complete their expectations and wishes in their care plans. This meant people had been supported to carry out a variety of activities in the community and with their families.

People were supported to express their views. We observed one person being supported with their medicines. Staff asked them if they wanted their medicines and if the staff had given them their medicines then they confirmed so staff could sign. The registered manager explained how they involved the person in things they did so they could have more control over their life.

Staff really cared about the quality of life people experienced, for example during the inspection one staff member became very emotional when the registered manager informed them that following a recent medicines review a specialist nurse had agreed to change [the person's] medicines. The staff member said, "I have tried for so long to get this changed this is wonderful and will give [the person] a better quality of life." This staff member also explained how they viewed the people they cared for differently, "I love my job I

actually look forward to coming in to work. I look at things differently now. The other day at a hospital appointment the doctor asked about [the persons] condition. I started describing their medical condition and they wanted to know about their learning disability. But I didn't think of that as a condition. That's the way we work here nothing prevents you from achieving your best."

The registered manager told us about innovative ideas they had introduced to support people in a caring way. They had introduced smoked films on the windows so people living in the home can look out but people outside cannot see in. They had also introduced a toilet system that meant people could be supported to use the toilet in the mornings with dignity. This had resulted in two people living in the home no longer needing to wear incontinence pads. This had also been achieved by working closely with health care professionals and promoted, "Dignity, respect and person centred values." Although people were not able to verbalise their preferences when new staff were interviewed the registered manager did introduce prospective staff and observe reactions they also involved a family member in staff selection. In an email to the registered manager one health professional had written, "You have put together a team that are willing to go the extra mile to ensure that the service users you support are given every opportunity to be included in their care and support."

People were supported by staff who respected their privacy and dignity. One member of staff explained how they had installed tinted glass so people living in the home could look out but passers by could not look in. Another staff member explained how when they assisted people in the community they ensured they did not speak loudly when helping them to change in communal changing rooms. Other staff were able to tell us how to protect people's privacy and dignity during intimate care. One member of staff told us they would, "Make sure the bedroom door is closed and curtains were closed". All staff knew to knock on people's doors when they entered the room.

## Is the service responsive?

### Our findings

People received care and support which was personalised to their needs and abilities. Staff were outstanding in the way they supported people to achieve life changing goals. Staff thought "outside the box" when it came to supporting people to achieve their goals and expectations. One relative told us, "They [the person] have achieved so much, they are far more active and interested in new things." Another relative said "We are kept informed about everything they do, the only problem is we need to let them know when we are coming as they could be out on another adventure. We are always involved in care plans and [the registered manager] keeps us informed of everything."

The registered manager told us how staff enabled people to have fulfilled lives outside of the home and records showed how staff had been innovative in supporting people to access the local community. One staff member told us, "We really care about how the customers are accepted by people in Castle Cary. For example, people now speak to [the person] when we are out and they ignore me. Another customer goes to the local school so children can read to them. They love that and now the children come up to them in the street when we are out and chat with them it is lovely." The registered manager explained how this person loved to be read to and they had hoped to join a group at the local library however wheelchair access was not good. So they had approached the local school about the person going once a week for the children to practice reading with them. The school newsletter had welcomed them as a book buddy.

Staff had a good understanding of what was important to people and cared about ensuring they achieved goals and set themselves further goals for the future. For example, we saw one person's care plan included, "What do I want to happen? What needs to happen? Who is going to do it? When are they going to do it?" This included their wish to go to the Longleat festival of lights with their family in December 2017. The record showed how staff had responded by supporting them to meet this goal. Another person wanted to attend more live music events and staff were looking at ways to make this possible. One family member had commented at a recent provider review that they had wanted activities that were individualised to their relative and they were pleased to see this had happened. One relative told us, "They [the people] go out more than we do, they have a very full social calendar."

Staff were innovative in supporting people to express their wishes and achieve goals. They also supported people to consider things they had not thought of. For example, staff had noticed one person liked to pull things and one day at the park had suggested flying a kite as a possible activity. This was successful and had led to the person developing an interest/new hobby in hot air balloons. The person has been supported to go to the hot air balloon festival in Bristol several times. Staff had also found a company that has a wheelchair accessible basket so they can go up in a hot air balloon with their father. This person's relative told us, "[The person] has done things I never thought he would, he has achieved so much beyond what we expected."

People had a full diary of personal activities and hobbies however they were also widely involved with the local community and had influenced the opinions of people living in the area through being active members of the community. Two people attended hydrotherapy swimming on the day of inspection. Two people were

laughing and vocalising with a member of staff whilst preparing lunch. Another person spent time in the sensory room then later in the ball pit which they appeared to enjoy. Other people had aromatherapy sessions in the afternoon with a visiting professional. The registered manager told us how they were supporting one person to select where they wanted to go on holiday.

Staff had also supported local neighbours during the bad weather and took part in local fund raising to raise the profile of the home in the community. The registered manager said it was a case of giving back to the community so you become one with it. Because of this approach more local organisations were becoming involved with the home. A local florist provided flowers so there are always fresh flowers in the home. During a fund raising event for MacMillan a local store donated the ingredients to make cakes. Left over cakes were taken by people living in the home to neighbours who could not attend.

The registered manager actively advertised for volunteers to support people with specific interests. For example, an advert was posted for a volunteer to support one person to go to church. During the inspection the registered manager interviewed a person who had answered an advert to support one person dog walking as they had expressed the wish to walk dogs.

People were supported to maintain relationships with family and friends. Staff supported one person to deliver a Father's Day card by hand, and to have a trip on a train with their father. They used public transport and arrived at the person's family home as a surprise. The family were very pleased and went out for a Father's Day meal as a family, whilst staff waited to assist the person back to The Maples in the evening.

People with religious and cultural differences were respected by staff. The registered manager explained that they had one person who had forged links with their local church and was supported to attend. The person had built up a relationship with the vicar and congregation. The registered manager was also aware of how they could access community links for people with other religions or cultural needs.

Staff also supported people to express their sexuality. One person had expressed the wish to explore their sexuality. The registered manager had supported this person to explore their feelings and wishes. The person had purchased clothing they thought was more acceptable to their gender and had been supported to watch adult films at their request. The registered manager clarified these were not of a sexual nature however, "People are supported to experience new opportunities and experiences." The registered manager said they were looking at ways the person could further explore their sexuality in a safe way.

People's care plans contained a large amount of detail and guidance to provide staff with information about their health and care needs. This was especially important due to staff changes and use of agency staff. All staff knew people incredibly well when we spoke with them. Care plans were personalised to individual people. As well as detailed plans for personal care and keeping safe there was detailed information about how people communicated and what each action or body language meant. Each part of a person's plan described the support they needed and identified any risks. All records were kept up to date and reflected people's current needs. The registered manager told us how they had just sent one care plan to a relative so they could add any ideas they had. One relative told us they had been involved in a recent review.

Each person's care plan had details about their family history. This was important because they were unable to communicate this themselves. Often relatives had been involved in creating this information to support the person. The registered manager had asked families to put together a photograph album of the person from infancy to the time they moved into The Maples. We looked at three of these books. They gave the reader a very strong impression of how people had changed and developed. The books were also a tool for staff to use in conversation with people about their families, favourite pets and hobbies.

Some people had lived at the home for a number of years and their needs had changed as they aged. Staff had responded to changes in people's needs by ensuring appropriate professionals were involved in their care to support their changing needs. One person had recently been seen by a specialist nurse and their medication changed to reflect the changes in their needs.

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The majority of people who lived at the home had no verbal communication. Assessments had been carried out by speech and language therapists to promote good communication for people. Each person had a communication profile in their care and support plans which gave staff some indication of how people communicated and what certain sounds and gestures meant for that person. Staff told us they used a variety of methods to communicate with people, which included verbal communication, some signing and some used pictures. During the inspection we saw staff showing people things to enable them to make choices through gestures or eye pointing. The registered manager explained how they had been looking at a variety of ways they could support one person to communicate more. They were currently looking at computerised systems that would recognise eye movements.

People could complain if they were unhappy. Records showed that generally people were very settled, so were happy with their care. People would not be able to use the complaints procedure independently; they would need staff to help them. There had been no complaints made in the last 12 months. Relatives spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to. One relative said, "I have no complaints, the main thing is the distance to travel but that is nothing really when you have a place as good as this."

At the time of the inspection no one at the home was receiving end of life care. However, there were systems in place to support people if the need arose. The registered manager confirmed they could access training and support from a local hospice and the community nursing team.

## Is the service well-led?

### Our findings

The service was well led. There was an established management team with clear roles and responsibilities. Relatives told us they knew the manager and they felt the service was well managed. One relative said, "[The registered manager] is brilliant she leads by example and she is not afraid to speak up on behalf of the residents."

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

Relatives spoke about their anxiety of potential changes in the management team; which they felt could adversely affect people's care and the service more generally. One relative said, "I am concerned about the changes but [the registered manager] has not allowed that to impact on the home it is brilliant staff all seem positive." Staff spoken to were mainly positive about the changes one staff member said, "We have had to accept some major changes and we lost staff, but some have come back as they missed us and others have started new. We don't bring our anxieties to work, it is their home, not our work place and it would be unfair to cause them any anxiety." The registered manager told us they felt the home had already been working towards some of the new approaches so it had not been too much of a change.

Staff spoke highly about the registered manager. One member of staff said, "She [meaning the registered manager] is a lovely manager. She will notice and care. She makes time to talk and will support you any way humanly possible. Sometimes she wants to do it all there and then and we have to say you're only human. To be honest the whole team culture is fabulous and they all support each other." Another staff member said, "[The registered manager] is probably one of the best managers I have ever worked with." Another staff member said, "The culture here is excellent and that is all down to [the registered manager] she leads by example and the staff appreciate the fact she is not afraid to get her hands dirty and muck in with us all." One relative said, "[The registered manager's name] is brilliant we have found her to be very approachable, open and honest. She really cares about the people she is looking after and they always come first."

The registered manager was passionate about making people's lives meaningful and different; this was reflected by all the staff we spoke to. During the inspection we noted that the registered manager always spoke with people when they passed her or she passed them.

Other healthcare professionals had also commented on the management style at The Maples. The registered manager supports student nurses to carry out work experience in the home. Following one placement a health care professional wrote in an email, "I would like to take this opportunity to thank you for your help with my 1st year student earlier this year. She enjoyed her two days with you and your team and was impressed with all the hard work that you all do to ensure that your residents receive a high level of personalised care, are treated with respect and are integrated into the local community at every opportunity."

The registered manager had also been put forward as a care certificate ambassador as they had been recognised as being, "Engaged, proactive and responsive in the implementation of the care certificate." This meant they supported other homes in ensuring their staff completed the care certificate.

Staff worked in partnership with other health and social care professionals. Staff had developed good links, such as with GPs, community nursing teams, specialist epilepsy nurse and a learning disability nurse. The provider also employed some care professionals, such as a behaviour specialist, who supported people. This enabled people to access specialist support to meet their needs, reduce risks and staff to access guidance on current best practice.

Staff were supported by the management at all times. The provider had an on call service for out of hours to support the management and staff. To support staff, all managers in the area had a rota of on call for evenings and weekends.

People were supported by staff who received regular supervisions to discuss work practices, training needs and any concerns. One member of staff informed us they met with the registered manager regularly however they also said they could talk to the registered manager at any time. The registered manager had set up a delegation of roles for senior staff so they carried out staff one to one supervisions. However they monitored this to ensure all staff received a one to one meeting within the provider's guidelines.

The new provider had cascaded their policies and procedures to the homes gradually so staff could read them and adopt the procedures within their service. The registered manager was able to show how they had implemented each policy and procedure as they arrived. Records showed all staff were up to date with the new policies and they were being used in the home.

The registered manager told us the provider completed regular audits. These included specific medicines audits and a recent review which was carried out in the style of a CQC inspection. This demonstrated the provider was learning from experiences and ensuring improvements were made when required. Other audits had been around finance and quality. There were systems in place to monitor the service and care provided; these systems identified areas that required improvement and an action plan was put in place. The audits also showed that progress was being made in adopting the new policies and procedures and reviewing people's care plans.

The provider and management learnt from previous inspection findings and put things in place. The minutes of staff meetings showed that areas that fell short at inspections in other homes in the organisation had been discussed as areas of improvement that could be adopted in The Maples.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People and their families were able to comment on the service provided. Some people living in the home could not express their views verbally but staff knew people well enough to know what they were feeling by their behaviour. Relatives said they were given opportunities to comment on the care provided and people's care plans.

The registered manager and provider were aware of when notifications should be sent in line with current legislation. There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when people had been hurt or there was a death. There was a system which was

in place to monitor all incidents. This would highlight if appropriate action had been taken including sending notifications to external parties such as CQC.