The Maples Residential Care Home Limited

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Inspection report

10 Maple Leaf Drive
Marston Green
Birmingham
B37 7JB
Tel: 0121 770 8931

Date of inspection visit: 15 September 2015
Date of publication: 09/10/2015

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

Overall summary

This inspection took place on the 15 September 2015 and was unannounced.

The Maples Residential Home provides care and accommodation for up to seven people with a diagnosis of a learning disability and autistic spectrum disorder. At the time of our visit there were six people living in the home.

There was a registered manager at the time of our inspection, who was also the provider. 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 home had a happy and relaxed atmosphere and staff told us how much they enjoyed supporting people who lived at the home. People were treated with kindness and

Summary of findings

compassion and there was a lot of positive engagement with people. Staff constantly checked to see if people needed anything and there was clear evidence of caring relationships between staff and the people they supported.

There were enough staff on duty to meet people's needs both inside the home and outside in the wider community. Staff had a good and in-depth understanding of people's needs and abilities and the level of support they required to keep them safe. Staff understood their responsibility to report any concerns they had about people's wellbeing and were observant for non-verbal signs that a person was unhappy.

People received their medication as prescribed and medicines were stored safely and securely.

Staff received training and support to ensure they could safely and effectively meet the individual needs of the people living in the home. Staff told us the training they received gave them the skills to support people who could sometimes display behaviours that could cause concern to them and others.

The provider understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with the DoLS and was waiting for formal approval for three people.

Staff understood people's communication needs and gave visual prompts so people could make their own choices about their everyday activities. People were given opportunities to engage in activities that interested them inside and outside the home that helped promote their independence.

People were involved in planning their care and support needs. People were involved in regular reviews to ensure any changes in the support they required were identified.

The provider encouraged staff to undertake further qualifications to support their own personal development and progress their careers. Staff told us they felt confident to approach the provider if they had concerns about anything. The provider had systems to monitor the quality of service and identify where improvements were required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff to keep people safe inside and outside the home. Staff were aware of the different signs of abuse and who to report any concerns to. Risk assessments helped staff manage any behaviours that may cause concern to others. People received their medicine as prescribed from staff who had completed training so they understood how to administer medicines safely.

Good

Is the service effective?
The service was effective.

New staff received a thorough induction which supported them in meeting the individual needs of people. Staff told us the training they received gave them the skills they needed to meet people's individual care needs. People attended regular appointments with healthcare professionals to maintain their health and wellbeing.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion by staff who respected their right to privacy. People were supported to make choices by staff who understood their communication needs and staff respected the choices people made.

Good

Is the service responsive?
The service was responsive.

Care was delivered in a way that met people's individual needs and preferences. People were involved in planning their care and were part of the reviewing process. People were encouraged to attend activities outside the home and to participate in activities within the home that helped them develop their social skills.

Good

Is the service well-led?
The service was well-led.

The provider and their staff team were committed to providing high quality care. Staff spoke positively about the support they received and understood their own and others roles and responsibilities. The provider encouraged staff with their personal development and welcomed new ideas that improved the quality of service people received.

Good

The Maples Residential Care Home Limited

Detailed findings

Background to this inspection

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

The inspection took place on 15 September 2015 and was undertaken by one inspector.

As part of our inspection we asked the provider to complete 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. Our visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from relatives and external bodies and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with four people who lived in the home although due to their communication needs, some of their responses were limited. We spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We did not use the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. This was because the layout of the home would have caused people distress.

We spoke with the provider who was also the registered manager and three staff members. We reviewed two people's care plans and daily records to see how their support was planned and delivered to meet people's needs. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

Some people who lived at The Maples had limited speech or understanding but were able to tell us they felt safe living at the home. We spent time observing the interactions between people and the staff supporting them. We saw people were relaxed and responded positively when approached by staff and people approached staff confidently. Easy read charts displayed in the home informed people what to do if they felt unsafe and how to report it. One person told us, "I feel safe, it's a safe place to be." Other people we spoke with said they would speak with the provider or staff if they were worried about their safety or that of others.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the different signs of abuse and who to report their concerns to. One staff member told us, "I would report it to safeguarding teams (local authority), CQC and the managers." All of the staff told us they had not seen anything that gave them concern.

Staff told us they recognised signs or different behaviours that may indicate people were unhappy and staff said they would speak with people to find out why, in case people felt unsafe. The provider understood their responsibilities to notify us and they explained the actions they would take if staff or they suspected abuse. The provider said, "I would take disciplinary action and refer to safeguarding." They said, "If anything did happen, it's time to get rid of those staff."

There were risk assessments to identify any potential risks to people and detailed plans informed staff how those risks should be managed to keep people and staff safe. Where risks had been identified when people were in the community, management plans enabled people to continue to enjoy activities as safely as possible. Risk assessments around the completion of domestic tasks in the home ensured that people were encouraged to maintain as much independence as they wanted, for example help with cooking and cleaning their own room. People were able to go out unaccompanied within the local community and risk assessments documented what action staff were to follow if the person did not return when expected. Staff were knowledgeable about each person's risks and the support they needed to manage those risks.

We asked staff about the use of physical intervention techniques as a means of reducing risk of harm to people whose behaviour may present challenges. Staff told us they felt confident and able to manage challenging behaviours. Individual behavioural guidelines personalised to each person, meant staff did not have to use physical intervention because they understood how to avoid events that could trigger anxiety. The provider sought reviews of behavioural guidance by psychology teams when people's behaviours changed. Staff told us they were aware when people displayed signs that showed their levels of anxieties had increased. One staff member explained they knew how to respond to different behaviours and said, "I can tell when [person] is getting anxious, [name] closes their eyes and chews their mouth." All staff knew this and took this as a sign to provide additional support to ensure they remained as calm as possible which helped keep them and others protected from potential harm.

During our visit we saw there were enough staff to meet people's care and welfare needs and provide the supervision and support people needed to keep them safe at home and in the community. For example, some people who went out had one to one support throughout the day from a member of staff to ensure their safety and that of the others. Where known appointments or trips out were planned, staffing levels were increased to ensure people in the home continued to be supported. The provider told us on occasions they used agency staff and they used the same staff to ensure good continuity of care. Staff told us they felt there were enough staff to meet people's needs and said, "We have a monthly rota so we can make plans around that." We were told if people's needs increased, additional staff support would be provided.

Medicines were stored safely and securely and there were checks in place to ensure medication was kept in accordance with manufacturer's instructions and remained effective. Three medicine administration records showed us people received their medication as prescribed. Appropriate arrangements for the recording of medicines meant people's health and welfare was protected against the risks associated with the handling of medicines. Some people required medication to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently in line with manufacturer's guidance.

Good

Is the service safe?

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards. Regular medicines checks were completed and where there had been a mistake when giving a medicine, this had been dealt with appropriately. For example further training and checks had been put in place to support the staff concerned.

Good

Is the service effective?

Our findings

During our visit we saw staff met people's needs effectively and in a way that was tailored to people's needs. The home had a positive and relaxed atmosphere and people were comfortable within their environment.

New staff followed a structured induction programme. The induction included completing the provider's mandatory training and shadowing experienced members of staff which helped to become familiar with people's care and support needs. We were told new staff spent time working during the day to get to know people and staff before they were allowed to work on their own at night. All new staff completed the Care Certificate which was introduced in April 2015. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff received on-going training in a range of subjects to meet the specific needs of people who lived in the home. Staff we spoke with told us they felt training provided them with the skills and knowledge to meet people's needs effectively. One staff member explained how the training in managing challenging behaviours helped them manage people's anxieties. They said, "You make sure other people are out of the way, give the person time and space. This helps them calm down." This staff member said people reacted differently and they recognised others needed different support. This staff member said, "It's treating people differently and following their care plan." Another staff member said, "You need to know the triggers and signs which we do and being a small home helps." The effectiveness of the training meant the need for physical restraint was avoided. Staff told us they received regular one to one supervision to discuss their role and the provider encouraged them to gain qualifications in health and social care to support their own personal development.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff we spoke with had received training and understood the requirements of the MCA and respected the decisions people were able to make. Where people were not able to make a decision, the provider had obtained the services of an advocate or arranged best interest meetings. An advocate is an independent person, who is appointed to support a person to make and communicate their decisions. For example, an advocate was supporting one person to continue living at the home and to seek work opportunities for them in the local community.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Three applications had been submitted where potential restrictions on people's liberty had been identified in line with the legislation. At the time of our visit, these applications had not yet been approved in writing.

People made choices about what meals they wanted, either on the day or at regular meetings. The provider explained that menu choices usually followed people's preferences but were adapted where necessary to make sure they were nutritionally balanced. On the day of our visit we saw people were asked what they would like to eat for lunch and whilst people were able to eat independently, staff were attentive during the lunchtime period. Staff followed best practice for food hygiene. For example, staff wore personal protective equipment when preparing and serving meals.

No one at the home required close monitoring of their food or fluid intake although one person had a plate that was printed with portion sizes relating to meat, vegetables and salads. This was provided by the dietician when a person was supported to lose weight and staff continued to use this to ensure the person's weight remained stable.

People had regular reviews from other healthcare professionals and were referred to external healthcare professionals when a need was identified, for example psychiatrists. People also had regular appointments with professionals such as the optician, dentist and chiropodist to ensure their health and wellbeing was maintained.

Good

Is the service caring?

Our findings

We found staff were extremely caring towards people. People were treated with kindness and compassion and there was a lot of positive interaction between each other and staff. One person told us, “I like it here and I like the people living here, they are my friends.” People said the staff were friendly towards them and helped them when they needed support. One person said, “I need help dressing and the staff help me” and “The staff take me out which I like.”

We asked staff how they provided a caring environment for the people who lived at The Maples. Staff said one of the key requirements to being a good carer was, “Patience and being understanding.” One staff member said, “The people who live here are lovely and when people get upset, we ask them what’s wrong.” Another staff member said, "People build relationships with people and we build up trust so people can come to us with anything.” The staff we spoke with told us they enjoyed working at the home and one staff member said it was, “Like living with one big family.” During the day we observed staff constantly checked to see if people needed anything and there was clear evidence of caring relationships. One person constantly rubbed and picked at their skin. The provider and staff continually provided gentle reminders until the person settled which is when they stopped.

People were supported to make their own every day decisions and choices about how they lived their lives. People went out within the community and some people at the home had employment locally. For example, some people were employed to do gardening or designing posters and badges for people. Staff told us this gave people value that they were helping and contributing to the community. Other people preferred to stay in and spent time in the communal lounge watching television or films. During our visit one person completed puzzles. We were told this was an important part of their morning routine to help them remain relaxed.

Due to the needs of people who lived in the home and whose freedoms were restricted, staff maintained close supervision which was done in an unobtrusive manner. Staff were aware of people’s right to privacy and maintained supervision when people spent time in their room or in communal areas. When people needed support to make major decisions such as in respect of where they wanted to live, they had been referred to independent advocates to support them through the decision making process.

Where possible, people were involved in domestic tasks and encouraged to help around the home. Each person was allocated a daily task and helped to do their own laundry and cleaning of their room. Staff understood the importance of prompting people to maintain their independence. One staff member explained that a good care worker was, “Trying not to take their independence away, being a good listener and letting people do what they want.” They told us they promoted independence by, “Asking people, you have to. It is not good for people to be reliant and that’s why we promote independence.”

Staff ensured people’s privacy and dignity was maintained. People had their own bedroom and some people had an en-suite bathroom which other people were not allowed into. People had decorated their bedrooms to their own individual tastes and to reflect their personal interests. People could choose to lock their bedroom doors if they wished although most people said they kept their doors unlocked. During our visit some people went to their bedrooms for privacy and we heard staff treat everyone with respect and dignity when talking with them. Confidential information regarding people was kept locked in the office so people were assured their personal information was not viewed by others. Families and friends were able to visit at any time and people were supported to maintain relationships with people who were important to them. We were told some people visited people at the providers other home to help maintain and forge new relationships.

Good

Is the service responsive?

Our findings

People's care and support was planned in partnership with them in a way that met people's personal goals and care needs. Some people we spoke with said that when their care was being planned, the provider and staff spent time with them finding out about their personal preferences, such as what care they wanted and how they wanted their care to be delivered. Relationships between the provider, staff and each person were encouraged so if any changes were required, people felt confident to discuss them at the earliest opportunity. All the people we spoke with said they felt able to discuss their care with staff and said their care and support needs were met.

Staff said they had a handover at the start of each shift which they found useful. Staff said it gave them information about people's health, moods and behaviours and meant they were responsive to how people were feeling that day. For example, staff told us about one person who had limited communication. Staff said this person could be distracted by others and as a result, struggled to understand what was said to them and on occasions, became challenging to others. Staff told us if they knew this person was distracted, they managed this by using 'safe sentences' with this person to initiate conversation and to minimise challenging behaviours. Staff said using these sentences reduced the potential risk of this person challenging others and help reduced this person's anxieties and helped them to remain calm.

Staff told us they had time to read care plans with one staff member explaining, "I look at care plans often but I know what people need." Staff said care plans were reviewed and continued to support people's needs. Each person had a care plan which detailed the care and support they required and how they would prefer to receive that care and support. We looked at two care plans that contained information about people's personal preferences and focussed on their individual needs. All this information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. Records confirmed that as much as possible, people were involved in the care planning process. Where people were not able to participate, we saw evidence of the involvement of relatives and advocates. One person told us they had an advocate they spoke with who supported them to seek employment opportunities.

The provider and staff supported people with how they wanted to be cared for and told us they always supported people in line with their wishes. For example, an external health professional identified that one person would benefit from a move to another home which caused this person considerable distress. The provider and staff arranged meetings with the advocacy team and with the person's agreement, supported them to continue living at The Maples in line with their preferred choices. Staff recognised the distress this caused in the person's behaviours and continued to support and reassure them over a period of time. This person told us they had received a lot of help from staff and wanted to continue living at The Maples because, "I like it here, I like (provider) and the staff are nice to me."

There was a range of activities and hobbies that met people's individual needs. Some people enjoyed going to the shops, or into the local town while others enjoyed going to the pub for a meal or to the cinema. The provider recognised certain films were not always suitable for some people, so staff accompanied people to see the films they wanted when they went as a group. One person said they, "Enjoyed thrillers and James Bond" while others said they preferred musicals or comedies. Some people had jobs in the local community, such as gardening and making posters and badges and people told us they enjoyed this. Staff told us this improved people's social and day to day life skills, as well as maintaining people's health and wellbeing. Staff told us about one person whose challenging behaviours had decreased since they started a new job. People were supported to go one holidays and one person told us, "The (provider) took me on holiday to Barbados." The provider told us they took people from this home and their other home on a trip to the Caribbean which people enjoyed and they said they were planning to do this again in the future.

Information about how to raise a complaint was displayed in the hall for people and visitors. This information was in written form only although the provider had used a pictorial complaints policy which was no longer displayed. They agreed to reintroduce this so people with limited understanding would know how to make a complaint.

People told us they were happy with the care, but if they did have any complaints they would raise them with the staff and provider. One person told us, "If I was unhappy I would tell staff." There were processes for recording,

Good

Is the service responsive?

responding to and analysing any complaints received. Staff understood their role in the complaints process. One staff member explained, "They would tell you they were unhappy and we would sort it out for them," Staff said this approach to people's concerns made sure formal complaints were not received. No complaints had been made in the previous twelve months. The provider told us, "We have no complaints as we try to please everyone and do a good job. If people were unhappy they would tell me."

Good

Is the service well-led?

Our findings

The provider was the registered manager and had provided care at The Maples since they registered over five years ago. The provider told us the home was, “Like a big family.” People felt confident to approach the provider and staff and all of the people we spoke with said they enjoyed living at the home. Each staff member was allocated specific responsibilities within the home such as managing staff, administration, updating care records and health and safety. Staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. Staff enjoyed working at the home and one staff member said they enjoyed it because, “First and foremost, the people (those living in the home) are lovely.”

Staff told us they felt well supported by the registered manager and each other. One staff member told us, “[Provider] is lovely and understanding. I can tell her if I have a problem with a shift and she gets it covered.” There was an on-call system for staff to speak to the provider or another senior person if staff had concerns in or out of hours. The provider told us they were always on hand to provide any help if an emergency or unexpected issue occurred.

All the staff spoke positively about working as a team and how they enjoyed working with the people in the home. During our visit we observed good team work and staff communicated well with each other, describing how people were feeling and what levels of individual support they needed. Staff told us they shared their views at regular staff meetings and supervision meetings that gave staff regular opportunities to raise any issues or suggestions.

There were systems in place so people who lived in the home could share their views about how the home was managed. For example, people took part in regular meetings where they were able to discuss what activities they would like to take part in and what food they would like. People were provided with a pictorial quality survey which they completed anonymously where they indicated their satisfaction with a smiley face or unhappy face. We looked at the results of the last survey and found people were satisfied with the service they received. The provider told us they were pleased with the results and said they had not identified any patterns where people had indicated a negative response.

There was a system of internal audits and checks completed within the home to ensure the quality of service was maintained. The system included a programme of audits, including checks of care plans and medicines audits. The provider undertook quality checks and where these checks identified actions, improvements had been taken. There were systems to monitor the safety of the service. We looked at examples for health and safety, infection control and fire safety. These audits were completed on a regular basis to make sure people received their care and support in a way that continued to protect them from potential risk. The provider recorded incidents and accidents on a monthly basis and completed analysis to identify any patterns or trends. Where they identified trends for individual people, support had been sought from other healthcare professionals. This made sure potential risks to people were minimised.

The provider understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.