Disabilities Trust

The Maples

Inspection report

The Maples,
Tokers Green,
Reading,
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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

The Maples is a residential care home for up to 15 people who have autism and accompanying learning disabilities. The service had three bungalows that could each accommodate up to five people. There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was effective in a number of areas, however, other areas required improvement. In one of the bungalows we found that staff were sometimes seen to be observing people rather than supporting them. We also found the physical environment in communal areas and were not always designed in a way that met people needs. We noted a number of concerns that relatives had shared with staff had not always been passed onto management to respond to.

Summary of findings

Each person had risk assessments in place. These detailed clear risk management strategies that supported people to engage in activities and in social interaction. Each bungalow had suitable staffing numbers to meet the needs of people using the service. People's records provided evidence that their needs were assessed prior to admission to the home. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment.

Throughout our inspection we observed people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We saw the staff were knowledgeable about the care people required and the things that were important to them in their lives. Regular 'service user meetings' were held to ensure that people who used the service had a say in how the service was run.

We saw that supervision and team meetings were being used to ensure that a desired culture of active support was reinforced. The atmosphere in the home was open and inclusive. There was a clear system for monitoring and auditing the service which was used to identify and act upon areas of improvement.

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?

Good

The service was safe

People we spoke with felt safe and there was adequate staffing to meet their needs. Staff had been recruited through safe and robust processes.

We saw that risk assessments ensured people's safety around the service and in the local community.

We found there was a culture of learning from incidents and people's medicines were managed appropriately.

Is the service effective?

Requires Improvement

The service required improvement.

Staff were sometimes seen to be observing rather than supporting people.

Within the physical environment of the communal areas in one of the bungalows, there was an absence of decoration and colour and these areas were not always designed in a way that met people needs.

The service used a number of sources to develop person centred support guidelines and monitored people's behaviour to create effective support strategies.

Is the service caring?

Good

The service was caring.

People we spoke with and their relatives said people felt cared for and staff were caring. We observed a number of warm and caring interactions between staff and people.

Staff were knowledgeable about the care people required and the things that were important to them in their lives.

The registered manager provided people and their families with information about the service when they moved in, in a format that met their communication needs and their ability to understand.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We found there was not always evidence to show complaints and concerned were followed up. We also found that concerns raised with staff were not always passed onto managers.

Where people had little or no verbal communication there were detailed communication profiles to ensure staff could understand people's communication.

Summary of findings

When people's needs changed the service responded and accessed professional advice.

Is the service well-led?

Good

The service was well led.

The service had a system to monitor the quality of the service and ensured action was taken to drive improvements.

The management team had a clear person centred vision for the service and used team meetings and supervision to ensure the staff team understood and worked to this vision.

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. This was an unannounced inspection.

We inspected The Maples on 3 November 2014. This was an unannounced inspection which meant the staff and provider did not know we would be inspecting the service.

The inspection was carried out by two inspectors. Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR includes information from the provider about areas of good practice and areas for future improvement under each of the five questions. We considered the complex needs involved and the behavioural support required by each person both in our interactions with people and in our observations.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

We spoke with six people who used the service and eight people's relatives. We also spoke with the service's registered manager, the deputy manager and five other members of staff. We also spoke with five health care professionals and commissioners who visit the service or have a duty of care to people who use the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at how people were supported during the day and early evening. We also reviewed a range of care records, these included six care files for the people who used the service and records about how the service was managed, such as quality assurance audits, staff rotas and training files.

Good

Is the service safe?

Our findings

People who lived in the home were safe. People we spoke with told us they felt safe. One person told us: “I feel very safe; there is always somebody around when I need them”. People’s relatives told us they felt their relative was safe. One person’s relative told us, “I am very happy my relative is safe, it is a good home”. Our observations showed staff offered reassurance to and calmly supported people who were visibly affected by our presence.

Staff were able to speak with us about how abuse can be identified and the various types of abuse. Staff all told us how they would report abuse within the organisation as well as externally if required, to the CQC or local safeguarding authority. The service also had a safeguarding policy. The provider’s whistleblowing phone line was displayed prominently at the service, this was for staff if they had a concern about abuse or the risk of abuse to a person.

People had risk assessments in place. These detailed clear risk management strategies that supported people to engage in activity and in social interaction. For example, two people were being supported to maintain a relationship. Clear guidelines enabled care staff to ensure these people could enjoy each other’s company in a way that was safe and meaningful. Staff we spoke with regarding people’s care files we reviewed, had a good understanding of these strategies. We also saw staff using them.

Each bungalow had suitable staffing numbers to meet the needs of people. Rotas were amended to ensure the needs of people were met. For example where people had 1:1 support, but required 2:1 for going out in the community, staffing numbers were arranged to support this.

There were three senior support workers and a number of support workers. At the time of our inspection there were seven full time vacancies that the service was actively trying to recruit to. This meant the service was using a high number of agency staff. This was raised as a concern by some relatives when we spoke with them as part of our inspection process. However, these concerns had not been raised with the service. The registered manager used the same agency staff regularly and gave them clear information regarding the support needs of people who used the service. We found that the use of agency staff was not having an impact on people using the service as all staff were supported to understand people’s needs and rotas showed the same staff were used to ensure relationships could develop.

Effective systems were used to make sure staff were only employed if they were suitable and safe to work in a care environment. Checks and information required by law had been obtained before new staff were offered employment in the service.

Behaviour management plans had been created that enabled care staff to intervene early. These plans detailed ‘first signs’ for care staff to be mindful of, with subsequent guidelines that went on to explain how staff should respond in the ‘build up’ 'actual event' and 'post incident'. This meant that risk assessment and guidelines were designed to prevent incidents from occurring and protect people from harm.

There was a culture of learning from incidents. When incidents occurred they were discussed at ‘incident review meetings’. The meeting minutes documented how incidents were analysed and then recommendations were made. For example we saw one incident where a person had become aggressive and had then been supported to access the local town. The review process recommended that care staff should consider what actions they should take following an incident to ensure they were not ‘indirectly rewarding challenging behaviour’.

We read the service ‘critical incident plan’ which outlined the procedure to be followed in the event of an emergency such as fire or flood. This meant the service had arrangements in place to deal with foreseeable emergencies.

Suitable arrangements were in pace for the safe management and administration of medicines. Medicine administration records were completed accurately and medicines were stored safely. Staff responsible for administering medicines were appropriately trained and assessed as competent.

Requires Improvement

Is the service effective?

Our findings

We found the service was effective in a number of areas, however we found that others required improvement. Relatives we spoke with felt that people who used the service did not always benefit from supportive staff. One relative told us, "It feels like luck of the draw, some carers are excellent, but others do not appear to always feel confident". Another relative told us, "Staff are supportive towards my relative, but they don't always seem to understand everything that goes into looking after them, it's not always consistent".

The support staff were trained to provide support for people with autism and other complex needs. All the staff we spoke with had completed mandatory training such as health and safety, first aid and infection control. Examples of other subjects covered during in staff training included: 'What is Autism', epilepsy, and Makaton (a form of sign language used with speech). One new staff member told us, "I was really impressed with my training as I was new to the work; I found it very helpful and continue to get offered more". However we observed throughout the day care staff were appearing to observe people rather than support them. We observed on two occasions care staff walking away in front of people they were supporting rather than with them. On other occasions we saw care staff standing in doorways or talking amongst themselves whilst people occupied themselves. On one of these occasions we saw one person was invading another person's personal space which had to be pointed out to staff by the inspector.

In all bungalows people's rooms were clean, tidy and personalised. In one bungalow communal spaces were bare and living rooms felt very cramped. One support worker told us they felt the space, 'contributed to people's anxieties when in them together'. Sofas were quite close together. Notifications to CQC throughout the year showed incidents of conflict between people had occurred in those areas. We discussed this with the registered manager who took immediate action to review this space and how it was used to ensure people were safe. This service has undergone considerable change in recent years due to the previous environment impacting negatively on the people supported there. Considerable improvements had been made to the site, however the manager was keen to ensure these improvements continued. One person's relative told us, "it [the service] is so much better with the bungalows, more could be done with them, but they are so much better".

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included a GP, pharmacist, community learning disability nurse, clinical psychologist and consultant psychiatrist. The service employed a speech and language therapist and two assistant psychologists. Information from professionals was used to undertake a more detailed assessment which provided support staff with the information to deliver appropriate, responsive and safe care. We saw information had been added to care plans as appropriate, indicating that as people's needs were being reviewed and changes were being made to reflect those needs.

The staff used assessment and monitoring tools to identify changes in people's behaviours. The service employed an assistant psychologist who worked under a consultant psychiatrist to analyse this behaviour. This information was used to update and/or amend people's support plans. For example we saw in the monitoring of one person's behaviour it was identified that there were potentially four possible triggers to their behaviour. These were updated into the person's support plan and staff we spoke with were able to talk with us about them. This meant people benefited from the monitoring that was in place, care staff were more aware of potential triggers which meant people could be supported more effectively.

Staff we spoke with felt supported. One care worker told us, "I am feeling very supported, there is a good relationship amongst the team". Another care worker told us, "I can go to people with an issue and will get the support I need, management have been great". We looked at staff files and saw that staff received regular supervision where a range of issues were discussed regarding performance and development as well as people who used the service. Care staff were being supported to understand the principles of active support to develop their understanding of their role to support people effectively.

Staff we spoke with were trained and prepared in understanding the requirements of the Mental Capacity Act 2005, and the specific requirements of the DoLS. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain

Requires Improvement

Is the service effective?

decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Where people being supported by the service lacked capacity, family members and other professional were involved in best interest meetings. Where peoples liberty was being restricted the service were following the specific requirements relating to Deprivation of Liberty Safeguards (DoLS, accompanying the Mental Capacity Act 2005). Five applications had been made and were being reviewed in line with the stated conditions of those safeguards.

Good

Is the service caring?

Our findings

People we spoke with made many positive comments about the care provided at The Maples. One person told us, I am very happy here, the staff listen and help me when I need it". One relative told us, "This is a fantastic care home, very caring its gives us piece of mind". Another relative told us, "There are a few excellent care staff, superb".

Throughout our inspection we observed people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We observed many positive interactions and saw that these supported people's wellbeing. We saw a member of staff laughing and joking with one person and saw how this enhanced the individual's mood. We also saw the staff gave appropriate and timely reassurance to a person who became anxious by our presence.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to move around the home and had their wishes respected. Throughout our inspection staff in the home were able to communicate with the people who lived there. When we toured the site, we saw the registered manager communicated effectively with a person using 'Makaton', a form of sign language used with speech. The staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made.

All the staff we spoke with said they felt that people were well cared for in this home. They said that they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home.

Families we spoke with told us that they were able to visit their relatives whenever they wanted and there were no restrictions on the times they could visit the home.

A person who used the service asked to talk to us, particularly about their recent holiday in Devon. The person told us they had been bowling and that "I had lunch out." The support worker present had a good relationship with the person (who said the staff member "Does a good job") and was able to remind the person in a friendly but clear way to maintain personal space. The person told us: "I like being here".

The registered manager provided people and their families with information about the service when they moved in, in a format that met their communication needs and their ability to understand. The information included a welcome pack which provided information about the service, the facilities and support offered. The information was individualised to each person's needs.

Requires Improvement

Is the service responsive?

Our findings

People felt the service was responsive. One person told us, “if I need things they are there for me”. Relatives felt the service responded to people needs well. One relative told us, they are observing all the time and pick up on small changes”. Another relative told us, “they are pretty good at taking my relative to appointments when they are needed, they seem to be on the ball”.

The registered manager had a system that requested feedback from people who used the service and external professionals. One external professional wrote, ‘I appreciate staff engaging with people in their care and being informed regarding their care’. A relative wrote, “The courtesy shown towards me goes beyond the call of duty”. We found some concerns were raised with staff had not always been passed on to the registered manager. We were not assured that all concerns had been fully investigated. We discussed this with the registered manager who had taken action to ensure all concerns raised would be reported to them to enable a full investigation.

Staff, people and their families identified goals to ensure people had access to the community, developed their independence and maintained relationships with people that mattered to them. These goals were written in people’s plans. Each person had an activity plan throughout the week to enable them to access social groups and activities they enjoyed. However we did notice that in the evening and on weekends this time was not always structured in a way that evidenced people had access to activity.

We observed a number of occasions where support staff were responsive to people’s needs. When people expressed the need for support if they could not communicate verbally, support staff were available when people asked for support, support staff were there to respond. One person told us, "if I need help with things they [support staff] are onto it".

The service involved people and their families in developing detailed support plans. Support plans were colour coded so that staff could easily access essential information about. This meant support staff had a clear understanding of all the important information that was important to people in order to understand and meet their needs.

People’s records provided evidence that their needs were assessed prior to admission to the home. People who used the service and their families confirmed they were involved in the assessment and care planning process. This enabled the staff to identify people’s care preferences. The relative of one person told us, “I was asked at the beginning and I get invited every year to reviews, I am pleased with how it works” Another relative said, “They [the service] are keen to know as much as they can about people”.

People and their families told us the service met their individual or relative's care needs and preferences. One person told us, “They know what I like and don’t like, they ask me quite often to make sure”. Care records contained up-to-date plans that were personal to each person. These plans outlined the likes, dislikes and preferences of each person and the staff we spoke with were aware of each individual’s preferences.

Where people had little or no verbal communication there was a detailed communication profile in place to ensure people could still communicate their needs in a way the care staff could understand. This was also in place where people were at risk of presenting behaviours that challenged so support staff could understand people’s behaviour as communication. We saw that care plans detailed proactive strategies for care staff to follow to prevent behaviour that challenged.

Regular ‘service user meetings’ were held to ensure people who used the service had a say in how it was run. People who could not communicate verbally were supported through visual aids or advocacy. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. We saw minutes from these meetings which identified there hadn’t been one for some time but previous meetings had been used to plan activities and discuss the menu.

Good

Is the service well-led?

Our findings

At the beginning of our inspection the manager explained the complexities of people living at the service to ensure that our presence did not impact on their well-being. We were sensitive about how we moved around the site due to not wanting to increase people's anxieties.

All the staff we spoke with told us they enjoyed working in the home. One staff member said, "The manager is clear and communicates well, we all want people to get good care, and I think we do provide that". Another member of staff told us, "I appreciate the vision of what we are trying to achieve, it's the reason I wanted to care for people". The service used supervision and team meetings to ensure that a desired culture was reinforced. The atmosphere in the home was open and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between the staff on duty and people who lived in the home. One person told us, "The staff are nice and I like being with them".

The management team had a clear person centred vision for the service and used team meetings and supervision to ensure the staff team understood and worked to this vision. The registered manager used feedback and learning from previous inspections to inform this vision to ensure people benefited from support that met their needs and supported their independence.

The registered manager completed regular quality assurance checks of the care provided and the environment. Monitoring audits were also completed by senior managers. During one of the quality assurance visits the audit identified the need to ensure information given to agency staff covered all aspects of their role. Agency staff had a clear induction and were asked to read people's information before supporting people. The service completed monthly health and safety audits and findings were discussed at a quarterly health and safety committee. The findings of these audits were discussed at these meeting and learning was applied across all services.

The service had a quality assurance advisor who made contact with each person who had complained or given compliments. Further information was obtained with regard to lessons learned, but also to capture examples of good practice. Follow up was recorded within the comments and complaints file. We were told by the registered manager that this information was captured at executive level to recognise positive cultures across the organisation and share practice.

The registered manager told us how they had formed links with the local community police to ensure there was an awareness of people's needs at the service. This meant if the police were called to the service they could be mindful of people's needs.

The service had a registered manager in post. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.