Somerset County Council (LD Services)

The Maples

Inspection report

Catherines Close
Castle Cary
Somerset
BA7 7HP

Tel: 01963351991

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Maples is a care home for up to six people with learning and physical disabilities. People require 24 hour staff support in the home and support to go out. The home is a detached bungalow set in its own grounds, close to the town centre.

A registered manager was responsible for the home. 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 and associated Regulations about how the service is run.

This inspection took place on 21 and 22 January 2016 and was unannounced. It was carried out by one inspector.

People had communication difficulties associated with their learning difficulty. One person was able to share their views with us. We therefore used our observations of care and our discussions with people's relatives and staff to help form our judgements.

The home was a safe place for people. Staff understood people's needs and provided the care and support they needed. One relative said "The care is super."

People were supported to make as many choices about their own lives as they could. People used community facilities and were encouraged to be as independent as they could be. People appeared happy with the care they received and interacted well with staff.

Staffing levels were good and people also received good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

Staff had built close, trusting relationships with people over time. One relative said "The staff have really gotten to know [their family member] well. This is really important as you really need to understand her."

People, and those close to them, were involved in planning and reviewing their care and support. There was a very close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on.

Communication and morale throughout the staff team was good. Staff were well supported and well trained. All staff spoken with said the support they received was very good. Staff spoke highly of the care they were able to provide to people. One staff member said "I think the support we provide is really good. What always strikes me is how nice the atmosphere is here and all the staff really do care. I think people here pick up on that."

There was a management structure in the home which provided clear lines of responsibility and accountability. The management team strived to provide the best level of care to people and improve the service where possible. The aims of the service were well defined and adopted by the staff team. One relative said "It's a nice relaxed home; I can't fault it at all."

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home.

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 protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was well managed.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective.

People made decisions about their day to day lives and were cared for. People's legal rights were protected.

People were well supported by health and social care professionals. This made sure they received the care and treatment they needed.

Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and patient, treated people with dignity and respected their privacy.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive.

People chose a lifestyle which suited them. They used community facilities and were supported to follow their personal interests.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to develop or improve their service.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received the care and support which met their needs. People were part of their local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 21 and 22 January 2016 and was unannounced. It was carried out by one inspector.

People had communication difficulties associated with their learning difficulty. We therefore used our observations of care and our discussions with people's relatives and staff to help form our judgements.

We spoke with one person who lived at the home and with five relatives. We spoke with five care staff and the registered manager. We observed care and support in communal areas and looked at three people's care records. We also looked at records that related to how the home was managed, such as quality assurance audits.

Before our inspection we reviewed all of the information we held about the home. We also reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Good

Is the service safe?

Our findings

The service was safe. People had communication difficulties associated with their learning difficulty. One person was able to confirm they felt safe living at The Maples. People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said "It is safe there. I can't fault them at all about safety." Another told us "When we leave [their family member] waves us goodbye; never worries about us leaving. That means she feels safe and happy."

Staff spoken with said the home was a safe place for people. One staff member said "Yes, I do think it's a safe place. I think people would always be protected from abuse and we are aware of risks. I have never had any concerns since working here." Staff training records confirmed all staff had received training in safeguarding adults. All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for staff.

There were risk assessments relating to the running of the service and people's individual care. Any potential risks were identified and steps taken to reduce, or where possible, eliminate the risks. For example some people were at risk of choking on particular foods. A speech and language therapist had assessed them and provided guidelines which confirmed which foods were unsuitable and how to prepare other food to reduce the risk of people choking. The guidelines also confirmed how people needed to be positioned whilst eating and drinking. Staff were knowledgeable about these, served suitable foods and ensured people were correctly positioned in accordance with these guidelines.

There were plans in place for emergency situations, People had their own plans if they needed an emergency admission to hospital or needed evacuation in the event of a fire. The home's emergency plans included how to respond to a gas leak, flooding or loss of electricity. Plans included the names and contact details of people staff should contact to help them in an emergency.

The registered manager said they had very few accidents or significant incidents at the home. This was confirmed by the records. Staff completed an accident or incident form for every event. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

People were supported by staffing numbers which ensured their safety. There were usually five staff on duty on an early shift and four on duty on a late shift. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty. The provider employed a small team of 17 staff which ensured consistency and meant staff and people in the home got to know each other well. Staffing numbers could vary depending on needs, such as people's plans for the day.

There were effective staff recruitment and selection processes in place to ensure people's safety. Checks

were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home. One relative said "Yes, I think they employ the right type of staff."

Medicines were managed in a safe way. People had prescribed medicines to meet their health needs; these were reviewed regularly by their GP. Each person had a safe place to keep their medicines. People took their medicines when prompted by staff. Each person had a clear care plan which described the medicines they took, what they were for and how they preferred to take them.

Staff helped one person at a time and always checked to ensure the correct medicine and dose was given. They received medicines administration training and a competency check before they were able to give medicines to people. This was confirmed in the staff training records. Medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

There had been two recent medicine errors, although people did not suffer any harm from either error. Staff had taken the correct action when each error was discovered; this included contacting health professionals for advice. Each error had been thoroughly investigated and actions put in place to prevent a recurrence.

Good

Is the service effective?

Our findings

The service was effective. Relatives told us staff understood their family member's care needs and provided the support they needed. Staff were particularly good at picking up signs that people were unwell or in pain as often people would not be able to say. One relative said "The staff know what's going on. They are very good at making sure the doctor is called. They always let me know about things like that."

Staff had training which helped them understand people's needs and enabled them to provide people with the support they required. New staff received a thorough induction before they supported people. One member of staff said "My induction was excellent. There was a lot to take in though. Lots to read." All staff received basic training such as first aid, moving and handling and health and safety. Staff had also been provided with specific training to meet people's care needs, such as caring for people who have epilepsy or how to understand non verbal communication. One staff member said "It's the best training I've ever had. If there is any extra training you want to do they will try to find a course for you."

Staff had regular formal supervision (a meeting with a senior member of staff to discuss their work) and annual appraisals to support them in their professional development. Questionnaires had just been introduced in staff supervisions to test and reinforce staff knowledge and training. One staff member said "I always feel supported. Supervisions are good. They open up different ideas for me." There were regular staff meetings and a handover of important information when staff started each shift.

People were well supported by health and social care professionals. They saw their GP, dentist and optician when they needed to. Each person had an annual health check- up. The service also accessed specialist support for people, such as from a psychologist, learning disability nurse, speech and language therapist and an occupational therapist. People's care was tailored to their individual needs. One relative said "The health care is very good. The staff have sorted out [their family member's] dental work, she has a brand new wheelchair now and her epilepsy is well controlled now, so much better than it was."

The PIR stated there were "Up to date reviews of people's communication skills. Staff use their knowledge of individuals' communication to support them." One person was able to communicate verbally. Other people used different methods such as vocalisations or body language. Staff knew people well and were able to interpret their non-verbal communication. People made choices and staff used communication individuals responded to well, such as 'set phrases' or singing, to help them interact with people. People's care plans contained a lot of detail about how each person communicated. For example, one person's plan explained how they would communicate they were happy or unhappy, if they were in pain or if they wished to spend time alone.

People were able to make some of their own decisions as long as they were given the right information, in the correct way and were given time to decide. People were not able to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own

decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One staff member said "We assume people have capacity to make decisions. If they are unable to others, such as their relatives and their social worker, can make decisions in their best interests."

Staff were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. For example, one person needed staff to check on them at regular intervals during the night due to a specific health condition. The person was unable to consent to this so people close to them had made the decision to carry out these checks in their best interests.

One person had an Independent Mental Capacity Advocate (IMCA) as they lacked capacity to make all of their own decisions and did not have a family member or friend to represent their views. The IMCA visited this person and represented them when important decisions were made. Other people had family members who could be consulted but should people need additional support the contact details for an advocacy service were available within the home.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about DoLS. DoLS applications had been submitted for each person; each application had been assessed and authorised.

People had a varied and healthy diet. Staff monitored people's food and drink intake to ensure each person received enough nutrients every day. Meals were based on people's preferences and the suitability of particular foods or ingredients. We saw people being supported with meals and drinks on both days of our inspection. Staff gave people choices. They paid very close attention to how they prepared people's food and drinks, understood people's correct seating position and posture and what cutlery they required. Staff sat with people and spoke with them; there was lots of good humoured banter. This helped to make mealtimes relaxed, unhurried, sociable times.

Each person had their own distinctive bedroom furnished and decorated to reflect their individual tastes. Bedrooms contained people's personal belongings such as pictures, photographs, TVs, DVDs and music equipment to make them more homely. Necessary equipment was installed to meet people's needs, such as overhead tracking (for people who used a hoist to move without having to stand) and height adjustable baths.

The building has been improved to meet the needs of people since the last inspection. The kitchen has been 'opened up' to create a large kitchen diner. This gave people more room and provided a safer environment for those who used wheelchairs or who needed support with their mobility. Height adjustable work surfaces had been fitted for people who used a wheelchair or adapted seating. One relative said "The staff make it homely. They treat it as people's own home, not a care home."

Good

Is the service caring?

Our findings

The service was caring. One person confirmed they were well cared for and liked the staff. People's relatives praised the way staff cared for their family member; one told us "The care is super." There were many positive comments from relatives about staff. These included "All of the staff are very good; they make sure people are well cared for" and "All of the staff are good, caring people."

Staff took time to explain to people who we were and why we were visiting. They spoke with people in a polite, patient and caring way and took notice of how people responded to them. Staff paid great attention to people and often picked up on small things. For example, people who showed they wished to spend time alone or those who needed support with personal care.

People looked happy and settled. They responded to us in mainly non-verbal ways, such as smiling, laughing and vocalising. We observed a lot of kind and friendly interactions between people and staff; there was a calm and homely atmosphere. One relative said "They have a laugh with people; there's some good banter. I think that's great. It makes it a nice, relaxed home."

There had been changes in the staff team in the last 12 months with staff leaving and new staff joining. Long standing staff had built close, trusting relationships with people over time. Newer staff continued to develop their relationships with people. These were important to ensure people received consistent care and support. One relative said "The staff have really gotten to know [their family member] well. This is really important as you really need to understand her."

Staff were aware of and supported people's diverse needs; people had a range of disabilities. People's comfort and posture was focused upon; five people had chairs specifically designed to meet their individual needs. One person had a 'sensory diet' (a carefully designed, personalised activity plan that provided the sensory input a person needed) to stimulate interaction with other people. Other people had 'intensive interaction' support from staff (an approach to teaching the fundamentals of communication to people who were at an early stage of communication development.)

The service had developed their own equality and diversity ground rules for staff to follow. These included respecting others and their values, understanding personal boundaries and how to respect confidentiality. These rules also included what would be considered 'unacceptable behaviour' and what action would be taken if this happened. Throughout both days of our inspection we saw staff worked in line with these rules.

Staff were clear that one of the main aims of the service was to provide people with individualised care and support. One staff member told us "We need to make a difference so that people can lead a good lifestyle, based on their individual needs." Staff spoke highly of the care they were able to provide to people. One staff member said "I think the support we provide is really good. What always strikes me is how nice the atmosphere is here and all the staff really do care. I think people here pick up on that."

People were encouraged to be as independent as they could be. For example people were supported to

choose clothing and personal items by touching or pointing at them or choosing a particular colour. Adaptations had been made to the environment to help people to be more independent; for example hand rails had been fitted to help people with mobility issues. Staff understood that people often did things which may appear small to others but could be significant for that person. One staff member said "We try to involve people as much as possible. People help with washing up, preparing food, with laundry, those types of things. They need help but we encourage them to do as much as they can." People were encouraged in this way throughout our inspection.

Staff treated people with respect. People were asked throughout both days of the inspection what they wanted to do and chose how and where to spend their time. People were supported to maintain their privacy. Each person had their own room so they could spend time alone when they wished to. Three bedrooms had en-suite bathroom facilities. This helped to maintain people's privacy and dignity when people required support with their personal care. Staff always knocked on bedroom, bathroom and toilet doors before they entered the room.

Staff had a good understanding of confidentiality and did not discuss people's personal matters in front of others. All records containing confidential information were kept securely in the person's bedroom. Any post received by an individual was delivered to their room by staff so this could be opened and read in private.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. People were encouraged to visit as often as they wished and staff supported people to visit their relations regularly. One person was regularly supported to visit a friend. Another person was supported by a volunteer to attend a weekly church service. One relative said "We pop in about once a week. We sometimes go out for a meal with [their family member]. On the days we don't pop in we call and speak with [their family member] on the phone." Another relative said "I do like to know what's going on. Communication is very good. They email me or phone me. I phone as well."

Good

Is the service responsive?

Our findings

The service was responsive. One person confirmed they were able to do things they enjoyed. Relatives said their family members chose to do things which suited them. They told us people were well supported in choosing activities and outings they enjoyed. One relative told us their family member "goes out quite a lot. She does things which she likes. I think people are going out a bit more now and that's good." Another relative said their family member "Does a lot of things. Weekly massage, nails done." They had "been out to Longleat at Christmas to see the lanterns" and saw a musical at a local theatre which they "loved."

Each person was well supported; they had one to one or two to one staffing at times. People were able to plan their day with staff. Some activities were pre planned whilst others were more 'ad hoc'. On both days of our inspection people went out at various times. People also spent time relaxing at home. Records showed people went swimming, to church services, shopping, had meals out, day trips, went to see shows at the theatre, watched the local football team play and went on holiday. A pet therapy dog visited every month. The home had a well equipped sensory room which people used when they wished.

Staff provided support and encouragement to people to help them try new things or to do more varied activities. There had been a focus on people using more community facilities and developing relationships with people outside of the home. Staff had access to one vehicle to take people out in; people had recently started to use public transport.

People participated in the assessment and planning of their care as much as they were able to, although this was often limited by their communication difficulties. Others close to them, such as their relatives or other professionals involved in their care, were therefore consulted. One person had moved into the home since the last inspection. Their care records showed their move had been carefully planned to meet their needs and minimise any distress. Lots of information about the person had been shared with staff before they moved in to ensure staff understood and would be able to meet their needs. One relative said "We have been involved at every stage of the process. We helped choose this home, provided a lot of family history to help staff get to know [their family member] and are kept up to date with everything."

We looked at three people's care records. Care plans included people's life history, their interests, likes and dislikes, communication and support needs. Some plans were very detailed, such as what equipment staff needed to use, how to use it and included photographs to guide staff practice. Where people had particular routines they liked to follow, these were recorded; one person liked to speak with a relative each day and this was part of their plan.

People's care and support was reviewed regularly to ensure it continued to meet their needs. Reviews were attended by the person, their relatives, a social worker and staff from the home. Each person shared their views. We read three people's last review notes. Each was very positive about the care and support provided by staff. Relatives felt staff understood people's needs and adapted care and support if needs changed over time. One relative said "We are involved in the reviews. They are very good at changing things to make sure

the care remains good."

People's care records explained to staff what signs to look for which may show a person was unhappy or upset. There was a complaints policy and procedure; there had been no complaints made in the last 12 months. People would not be able to use the complaints procedure independently; they would rely on staff to help them or others to raise concerns or complaints on their behalf. 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 "If there was anything [their family member] was unhappy about they would let us know, but there's none of that. We can't see any faults with the home; we're very happy."

Good

Is the service well-led?

Our findings

The service was well led. A registered manager was responsible for the service. They had been very keen to develop and improve the service since they started working in the home. They were supported by three senior members of the team who each had their own management responsibilities. People's relatives spoke highly of the service and of the registered manager. Comments included "It's a nice relaxed home; I can't fault it at all", "It's very good. It's a nice little set up they have there", "It's a very good home" and the registered manager "is very enthusiastic, which is good. She has lots of good ideas in how to improve things."

The PIR stated the key aims of the service were to encourage "person centred approaches and supporting the staff team to be creative in the way they deliver support and opportunities to people" and "have a greater community presence and build up relationships to enable people to have as much as an ordinary life as possible." These aims were discussed at staff supervisions and team meetings. They were reinforced through observation of staff practice and each day at staff handover meetings. Staff understood the aims of the service and worked in ways which promoted them. One staff member said "I think people have their own lifestyle. Each person is treated as an individual. We are encouraged to come up with new ideas for people."

The registered manager said they had a very good staff team who understood people's needs. Care staff were honest and open; they were encouraged to put forward ideas and suggestions for improvements. Staff were very positive about the registered manager. One staff member said the registered manager was "Very upbeat, positive and supportive. Proactive in her ideas and very easy to talk to." Another said "She's fair and easy to talk to, which is refreshing. She has been very encouraging."

People were part of their local community. People used local shops, cafes and park. People went into town with staff during our inspection. There had been a focus on supporting people to use more community facilities and develop friendships and relationships outside of the home in the last 12 months. Links with community groups were being developed such as with local parishioners, local football club supporters associations and with neighbours. Staff were using face to face meetings as well as social media to support this initiative.

People shared their views on the service. One person could discuss this with staff who knew them well. Other people could show their satisfaction in how they responded to the care and support being provided or by using non verbal communication. People's relatives were consulted and they said they were listened to. One relative said "Yes, they do listen to what you have to say. All the staff make an effort to make sure you are involved."

There were no formal surveys to gather people's views but staff did encourage all visitors to the home to complete a feedback card. These were returned direct to the provider to collate and then shared with the service. The responses seen were very positive. A record was also kept of any compliments the service received. Records included compliments from members of the public, a health care professional and ex member of staff.

The home had developed good links with health and social care professionals. A close working relationship had been built with GPs and the local team who supported people with learning difficulties. This enabled people to access specialist support to meet their needs and staff to access guidance on current best practice.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. The registered manager audited the service every month. This audit covered areas such as care plans, staff training, incidents and health and safety to identify any concerns or where the home was not meeting legal requirements. Any standards which were not met were put into an action plan which was then worked through. One of the provider's senior managers had completed a "Residential Service CQC Compliance Audit" in November 2015 which looked at the overall quality of the service and its compliance with the law. Where areas for improvement had been identified these had been acted upon.

Accidents and incidents were checked by the registered manager and then entered on the provider's reporting system. They were discussed at team meetings so staff could learn from them and try to prevent them from recurring. If necessary, more serious incidents were escalated to and investigated by staff outside of the home. For example, medicine errors had been reported to the local safeguarding team. The registered manager had also requested a medicines audit from a learning disability nurse to see if any lessons could be learnt. They did not recommend any improvements to medicine administration practices.

Staff ensured the environment remained safe by carrying out regular tests and checks such as testing hot water temperatures and infection control procedures. The Food Standards Agency had visited the home on 4 December 2015 and awarded a food hygiene rating of 5 (the highest rating available). Devon and Somerset Fire and Rescue Service carried out a safety check on 14 January 2016; they concluded "a reasonable standard of fire safety was evident" in the service. The PIR confirmed tests were also carried out by contractors in line with relevant legislation such as on hoisting equipment and electrical appliances to ensure they were safe to use.

The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.