

Leonard Cheshire Disability

# Maple House - Care Home Learning Disabilities

## Inspection report

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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

This inspection took place on 9 November 2016 and was unannounced. At the last inspection of the service on 10 November 2015 we found breaches of the Health and Social Care Act 2008 in that medicines were not always managed safely and medicine audits were not conducted in line with the provider policy to ensure safe practice. Quality assurance systems in place were not always effective, operational or conducted in line with the provider's policy to ensure issues were promptly identified and acted upon. We carried out this inspection to check the outstanding breaches had been met and also to provide a review of the rating for the service.

Maple House is a small care home that provides care and support for up to five people with a learning disability. At the time of our inspection the home was providing support to five people. There was an acting manager in post at the time of our inspection and they were in the process of registering with the CQC to be the registered manager for 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.

At this inspection we found the provider had made the required improvements and was now compliant with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately and staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People's support needs and risks were identified, assessed and documented within their care plan. People were provided with information on how to make a complaint. There were robust systems and processes in place to monitor and evaluate the service provided. People's views about the service were sought and considered through service user meetings and satisfaction surveys.

## 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.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and knowledge and staff were supported through supervision and appraisals of their practice and performance.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

### Is the service caring?

Good ●

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint.

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

**Good** ●

The service was well-led.

There were effective systems and processes in place to monitor and evaluate the service provided.

There was an acting manager in post at the time of our inspection and they were in the process of registering with the CQC to be the registered manager for the service. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

# Maple House - Care Home Learning Disabilities

## **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 was carried out by one inspector on 9 November 2016 and was unannounced. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were five people using the service at the time of our inspection. We spoke with two people using the service and looked at the care plans and records for three people. We spoke with three members of staff including the acting manager, a senior member of staff and care staff.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the acting manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and external grounds.

# Is the service safe?

## Our findings

At our last inspection on 10 November 2015 we found that medicines were not always managed safely and recorded appropriately. This was in breach of Regulation 12 of the Health and Social Care Act 2008. At this inspection people told us they received their medicines safely when required and we saw medicines were administered and managed safely by staff. One person told us, "Staff give me my tablets, they are very good."

Medicines were administered and stored safely. Medicines were administered by staff trained to do so and staff told us they received medicines training and undertook medicines competency assessments to ensure continued safe best practice. Medicine training and competency assessment records we looked at confirmed this. Medicines were kept securely and were locked in secure lockable cabinets within people's rooms that only staff who were trained to administer medicines had access to. We saw temperature checks of lockable cabinets were recorded and monitored by staff to ensure medicines were stored at the correct temperature and were safe to use. Topical creams were also stored correctly and retained within people's bedrooms with recorded dates of opening and expiry. We looked at medicine administration records for three people using the service and noted they were completed correctly with no omissions or errors recorded. People's photographs, known allergies and information about their health conditions were recorded to ensure safe administration.

The provider had up to date medicines policies and procedures in place which provided guidance for staff in areas such as administration of medicines, medicines errors and self-administration of medicines. There were effective systems in place to manage medicines errors and medicines audits were undertaken on a regular basis to ensure continued safe practice. These included daily medicines counts conducted at staff handovers, weekly medicines audits, monthly medicines audits and monthly medicines stock checks. Medicines audits and records we looked at were up to date and conducted in line with the provider's policy.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Risk assessments assessed levels of risk to people's physical and mental health and included detailed guidance for staff in order to promote people's health and wellbeing whilst reducing the risk of reoccurrence where possible. For example one person was at risk of suffering from seizures. We saw that detailed information and guidance was documented for staff on how to respond and support the person safely. We also noted that specialised equipment was in place to alert staff during the night should the person suffer a seizure or become unwell. This showed that risks to people's health and well-being were monitored, managed and minimised where possible. Risk assessments were conducted and reviewed on a regular basis for areas such as falls, medicines, nutrition, finances, choking and travelling amongst others. Staff demonstrated a good understanding of the risks people faced and the actions they would take to ensure people's safety without limiting independence and choice.

Accidents and incidents were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action and referred to health and social care professionals when required to minimise the reoccurrence of risks. Where appropriate

accidents and incidents were referred to local authorities and the CQC. The acting manager told us all accidents and incidents were also documented on the provider's computer system to monitor and identify any recurring themes and to share any learning with the staffing team.

People told us they felt safe living in the home and with the staff that supported them. One person said, "Staff are very kind. They are lovely." Another person commented, "Yes I feel very safe." The provider had up to date policies and procedures in place for safeguarding adults from abuse. Staff had received training to ensure they were knowledgeable about how to respond to concerns and demonstrated they were aware of the signs of abuse and knew what action to take. Staff were also aware of the provider's whistle blowing policy and knew how to report issues of poor practice. We looked at the home's safeguarding folder and saw that where there had been concerns, these were recorded, completed and managed appropriately. Where required staff submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate. We noted that safeguarding adult's information was clearly displayed within the home in a suitable format to meet people's needs for people, visitors and staff reference.

There were arrangements in place to deal with foreseeable emergencies. People had detailed personalised evacuation plans in place which documented the support they required to evacuate the building in the event of an emergency. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff had received regular fire marshal training and frequent fire alarm tests and evacuation drills were conducted. Systems in place to monitor the safety of the environment and equipment used were robust. At the time of our inspection a fire risk assessment was conducted by an external commissioned service and we were informed that the service was safe and had passed the assessment. Equipment within the home was routinely serviced and maintenance checks were carried out on gas and electrical appliances. The home environment appeared clean, was free from odours and was appropriately maintained.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm applicant's identity, references and history of experience or qualifications.

We observed there were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. Staff told us they felt staffing levels were appropriate to meet people's needs and ensure their safety. One member of staff said, "We are a small team that know our residents really well. If someone wishes to go out or has an appointment we make sure we have extra cover. There is also an out of hours on call system in place so we can get management support at any time." Staffing rota's demonstrated that levels of staff were suitable to ensure people's needs were met and staff were rostered on and made available to supervise and support people when venturing out or when participating in activities.

# Is the service effective?

## Our findings

People were supported by staff that had appropriate skills and experience to meet their needs and people told us staff knew them well and how best to support them. One person said, "They know me well, they are all wonderful." Another person commented, "They know what to do. They are very good."

Staff had the knowledge and abilities required to meet the needs of people living at home and staff told us they received appropriate training to support them in their roles and to develop their practice. One member of staff said, "The training we get is very good. It really helps me to do my job and to do it well." Training records demonstrated that staff received up to date training appropriate to the needs of people using the service and which also met the needs of staff. We saw the provider's mandatory training included areas such as safeguarding, Mental Capacity Act 2005, manual handling and first aid amongst others. The provider also offered specialised training which was appropriate to the needs of the people using the service and included training such as epilepsy, food allergies, dementia awareness, dignity and respect and working in an empowering way. Staff were also supported to further develop their professional knowledge and skills by being supported to undertake recognised qualifications in health and social care.

Staff told us they felt supported in their roles and received regular supervision and had an appraisal of their practice and performance. Staff records showed that supervision was conducted on a regular basis in line with the provider's policy and included discussion of any staff training needs. There were systems in place to ensure staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Newly appointed staff undertook an induction period which included familiarisation of the provider's policies and procedures, completing the provider's mandatory training and shadowing experienced colleagues to enable them to become familiar with the service and people living there.

People told us they were involved in the decisions about their care and were able to express their preferences to staff. One person said, "Staff know what I like. They ask me all the time. They are very good." Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently and where it was necessary for staff to act in someone's best interests. Care plans recorded decisions people had made and consent they had provided in areas of their care, for example consenting and making decisions about medicines and managing finances. Care plans also documented the support people received by independent mental capacity advocates when making decisions relating to their care and treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).



We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations granted to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained mental capacity assessments and records from best interests decisions made. This demonstrated that decisions were made in people's best interests where appropriate and the service was working within the principles of the MCA.

People's physical and mental health needs were monitored and recorded by staff and medical advice was sought promptly when required. People had health care plans in place which documented any risks relating to people's physical health and contained guidance for staff on people's diet and nutritional needs. People were supported to attend medical appointments and health checks when required. Staff proactively supported people to meet their healthcare needs and worked with health and social care professionals to achieve best outcomes for people. For example supporting people to attend health care appointments and supporting them with their nutritional and diet needs.

People were supported to eat and drink suitable healthy foods to meet their needs. People told us they participated in meal planning and enjoyed the food on offer. One person said, "I like the food we have. It's always nice." Staff were knowledgeable about people's specific dietary requirements and planned their meals appropriately, for example, by ensuring soft meal options or reduced sugar foods were available where required. Staff promoted people's choice of foods daily and we noted picture cards of various foods and menus were used to help support people's choices. Staff told us they discussed meal options with people and created weekly menus from people's chosen preferences. We noted the kitchen was kept clean and the Food Standards Agency visited the service in July 2013 rating them four stars.

# Is the service caring?

## Our findings

People spoke positively about the care and support they received and told us staff treated them with kindness and respect. One person said, "The staff are lovely. They help me when I need it." Another person commented, "They are good. They would do anything for you." Throughout our inspection we observed positive interactions between staff and people using the service. We saw staff displayed kindness and understanding toward people and addressed people by their preferred names. Staff had detailed knowledge of people's personalities and behaviour and were able to communicate effectively with people.

The atmosphere at the service was happy and relaxed and we observed staff took their time and gave people encouragement whilst supporting them with personal care and daily living tasks. People discussed with staff what they were doing or planned to do that day and expressed their opinions and choices freely with staff that were attentive. We saw that for people who had specific communication needs staff knew how best to communicate with them effectively and provided them with regular interaction and did this with patience. Care plans documented clear guidance for staff on how best to communicate with people including how people preferred to be addressed, for example one care plan recorded that the person responded well to staff by being spoken to using terms of endearment which we observed.

Staff empowered people to be themselves and to express their wishes and preferences. People were involved in developing their care plans and met regularly with staff to review their needs and wishes. When appropriate people's relatives and where applicable advocates were involved and invited to review meetings and events. Care plans detailed people's histories and preferences with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Staff told us they received equality and diversity training which enabled them to understand and support people better when meeting their needs.

Staff respected people's choice for privacy and independence and we noted some people preferred not to join others in communal areas or in planned activities. People were supported and encouraged to be independent and to participate in external social activities. At the time of our inspection several people were out attending social clubs and local events. People's privacy and dignity was maintained and we saw staff kept bedroom and bathroom doors closed when supporting people with any personal care needs. People were supported in a homely, warm and personalised environment and had their own bedrooms for comfort and privacy. People were encouraged to decorate their own rooms with items specific to their individual taste and interests and a senior member of staff told us that people were supported to choose the colour of their rooms as part of the homes redecoration programme which was in place at the time of our inspection.

People were supported to maintain relationships with their families and friends and visitors were able to visit the home with no restrictions placed upon them. People were provided with information about the service in the form of a service user guide which provided information about what people could expect from the service and this was available in a format that met people's needs. Notice boards throughout the home displayed information about health and social issues, local social events and clubs and information relating

to local authority services in easy to read and pictorial formats.

## Is the service responsive?

### Our findings

People received care and support in accordance with their identified needs and wishes. Assessments of people's needs were completed upon their admission to the home to ensure staff and the home environment could meet their needs safely and appropriately. People were allocated a keyworker to coordinate their care and to ensure their preferences were respected and met. Where people were not able to be fully involved in the planning of their care, relatives, professionals and advocates where appropriate, contributed to the planning of people's care. People's care needs were also identified from information gathered about them and consideration was given in relation to people's past history, preference and choices.

Care and support plans were comprehensive and documented people's needs in areas such as communication, choice and control, movement and mobility, nutrition, work, learning and leisure and friendships and relationships. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs and goals. Staff were knowledgeable about the content of people's care and support plans and how they preferred their care to be delivered. Care plans were pictorial to support inclusion and were reviewed by people and their keyworkers on a regular basis to ensure they were responsive in meeting their needs. Daily records were kept by staff about people's day to day wellbeing and documented any activities they participated in. Health and social care professional's advice was recorded and included in care plans to ensure that people's specific health needs and risks were met.

People's diverse needs and independence was promoted and respected. People had access to specialist equipment that enabled greater independence and dignity whilst ensuring their physical and emotional needs were met. For example one person had an alarm by their door that alerted staff if they wanted to venture out. This allowed for the person to remain independent but also alerted staff if they were leaving their room as the person was at high risk of falls and could become forgetful. Care plans contained detailed guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks by staff and maintenance servicing when required.

People's need for social interaction and stimulation were met. People were actively encouraged and supported to take part in daily activities within the home and were also supported to seek local opportunities and activities of interest. People had access to a car that enabled them to venture out and participate in community activities. People had individual activity programmes which detailed their weekly chosen activities. Activities included trips out for lunch, visits to family and friends, shopping trips and community clubs and social events. Staff told us that some people took holidays of their choice and this was something they enjoyed. We saw pictures in people's care plans of the holidays they had taken.

We saw evidence that people were able to express their views about the home and the care that was provided. The home routinely sought people's views on how the service was run and how they wanted their care to be delivered at regular residents meetings that were held. We looked at the minutes for the last meeting held in September 2016 which included pictures to support comprehension and saw items

discussed included the homes redecoration programme, activities and menus.

People were actively supported by staff to express concerns and to make a complaint if required. There was a complaints policy and procedure in place in a format that met people's needs and information on how to make a complaint was on display and identified how staff should support people when making a complaint. Complaints records we looked at showed that there had been no complaints made since 2012. However the provider's policy and systems in place demonstrated that should there be any complaints received the service would be equipped to respond to them appropriately to ensure the best outcomes for people.

## Is the service well-led?

### Our findings

At our last inspection on 10 November 2015 we found that although there was a range of quality assurance systems in place to monitor the quality of the service provided, these were not always conducted in line with the provider's policy to ensure any issues were promptly identified and acted upon. This was in breach of Regulation 17 of the Health and Social Care Act 2008.

At this inspection improvements had been made and quality assurance systems were in place to monitor the quality of the service provided which were conducted on a regular basis and in line with the provider's policy. Audits and checks in place included, care plans, medicines, infection control, health and safety, safeguarding and staff training and records amongst many others. Audits we looked at were up to date and effectively used to ensure good safe service delivery. For example the manager's monthly audit highlighted that the homes fire risk assessment required updating and we saw this action had been taken as this was carried out by an external service at the time of our inspection. Records of actions taken to address any highlighted concerns were documented and implemented as appropriate. For example we noted that a commissioning authority had visited the service and made a recommendation that the provider's business continuity plan should be practically tested by staff. We saw that following this recommendation staff had conducted tests and documented on the action plan that they will continue to do so on a regular basis for any identified scenarios.

At this inspection we observed that the home environment was homely and relaxed and staff and the acting manager were visually available and supportive to people using the service. Staff told us they felt the service was well led despite not having a regular manager in place and new systems implemented had improved the way in which they worked. One member of staff said, "I love my job and we are a good team who know people really well. We have an acting manager in place and they are very supportive. We have improved the service and the way we work since the last inspection and I feel that we manage the service and people's needs very well." At the time of our inspection there was an acting manager in post who was in the process of registering with the CQC. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

There were effective lines of communication in place within the home from staff handovers which provided staff with the opportunity to meet and communicate on a regular basis and residents meetings which provided people with the opportunity to provide feedback on the support they received. Minutes of meetings held showed that topics discussed included people's care and support plans, staff training and the management of the home. Records also demonstrated the home had good links with community based health and social care professionals in order to promote people's safety and well-being. For example speech and language specialists visited the home when requested by staff to ensure staff were supporting people safely and appropriately when meeting their nutritional needs.

The provider took account of the views of people using the service and their relatives through surveys that were conducted on an annual basis. We looked at the results for the resident's survey that was conducted and ran from January to March 2016. Results were positive showing that 100% of people using the service

felt that their care and support helped them to have a better quality of life and 75% said they were extremely or very satisfied with the care they received at the home. Where improvements in the service were identified, we saw action plans were in place to address and resolve any issues. For example some people said that they did not know how to make a complaint. We saw that staff had followed their action plan and ensured that people knew how to complain by supporting them at monthly residents meetings and at keyworker meetings. We also observed that the provider's complaints information was available in a suitable format to meet people's needs.