

# The Maples Residential Care Home Limited

## Ron's Place

### 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 

#### Overall summary

This inspection took place on the 29 September 2015 and was unannounced.

Ron's Place provides care and accommodation for up to four people with a diagnosis of a learning disability and autistic spectrum disorder. At the time of our visit there were four people living in the home.

There was a registered manager at the time of our inspection, who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home had a happy and relaxed atmosphere and staff told us how much they enjoyed supporting people who lived at the home. People were treated with kindness and compassion and there was a lot of positive engagement with people. Staff constantly checked to see if people needed anything and there was clear evidence of caring relationships between staff and the people they supported.

# Summary of findings

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

People received their medicines as prescribed from staff who were trained and competent to do so. People's medicines were stored safely and securely.

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

The provider understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom.

The provider had made applications to the local authority in accordance with the DoLS and at the time of our visit, no DoLS had been approved for people living at the home.

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

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

The provider had systems to monitor the quality of service and people were provided opportunities to share their views about the service they received and where improvements were required.

People and staff told us they were able to raise concerns with the provider and were confident action would be taken to improve the service where required.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

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

Good



### Is the service effective?

The service was effective.

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

Good



### Is the service caring?

The service was caring.

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

Good



### Is the service responsive?

The service was responsive.

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

Good



### Is the service well-led?

The service was well-led.

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

Good



# Ron's Place

## Detailed findings

### Background to this inspection

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

The inspection took place on 29 September 2015 and was undertaken by one inspector.

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

We spoke with three people who lived in the home although due to their communication needs, some of their responses were limited. We spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received.

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

# Is the service safe?

## Our findings

People who lived at Ron's Place had limited communication understanding but were able to tell us they felt safe living at the home. We spent time observing the interactions between people and the staff supporting them. We saw people were relaxed and responded positively when approached by staff and people approached staff confidently when seeking support. Important information, such as protecting people from risks of abuse was displayed in picture form. People told us they knew what actions they needed to take if they felt unsafe and they knew how to report it. One person told us, "I feel safe here, if I didn't I would call the police." Other people we spoke with said they would speak with the provider or staff if they were worried about their safety or that of others.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the different signs of abuse and who to report their concerns to. One staff member told us, "I would report it to safeguarding teams (local authority), CQC and the managers." All the staff told us they had not seen anything that gave them concern. Staff told us they recognised signs or different behaviours that may indicate people were unhappy and said they would speak with people to find out why, in case people felt unsafe or worried. The provider understood their responsibilities to notify us and they explained the actions they would take if staff or they suspected abuse. The provider said, "I would take disciplinary action and refer to safeguarding." They said, "If anything did happen, it's time to get rid of those staff."

Risk assessments identified any potential risks to people and detailed plans informed staff how those risks should be managed to keep people and staff safe. Where risks had been identified, for example when people were in the community, management plans enabled people to continue to enjoy activities as safely as possible. Staff told us these risk assessments gave them the information they needed and they told us the action they would take to help keep people safe. Risk assessments around the completion of domestic tasks in the home ensured that people were encouraged to maintain as much independence as they

wanted, for example helping with cooking and cleaning their own room. Staff were knowledgeable about each person's risks and the support they needed to manage those risks safely.

We asked staff about the use of physical intervention techniques as a means of reducing risk of harm to people whose behaviour may present challenges. Staff told us they felt confident and able to manage challenging behaviours. Individual behavioural guidelines personalised to each person, meant staff did not have to use physical intervention because they understood how to avoid events that could trigger anxiety. These guidelines were provided from advice and regular reviews of people's behaviours by psychology teams which helped staff manage people safely. The manager and staff explained they knew how to respond because, "We watch them closely, support them by giving them space, don't crowd them and talk calmly." Staff told us this approach minimised people's behaviours from escalating so people and others were protected from potential harm.

People told us there were enough staff to meet their care and welfare needs and provide the supervision and support they needed to keep them safe at home and in the community. One person said, "There is enough staff," and another person said, "Staff are nice, they help me when I need it." Staff spoken with said they felt staffing levels were right and reflected the support people needed. Staff said there was usually one staff member and the registered manager to help support people living at Ron's Place. Staff told us if people's needs increased, additional staff would be provided. The provider told us on occasions they used agency staff and they used the same ones to ensure good continuity of care.

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

## Is the service safe?

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

The provider had plans to ensure people were kept safe in the event of an emergency or unforeseen situation. Fire emergency equipment was checked regularly and staff knew what action to take in emergency situations. People told us they were included when fire drills took place at the home. One person said, "If there was a fire, I go out the front door." There were records of what support each person required to keep them safe if the building had to be evacuated and this was accessible to the emergency services.

# Is the service effective?

## Our findings

During our visit we saw staff met people's needs effectively and in a way that was tailored to people's needs. The home had a positive and relaxed atmosphere and people were comfortable within their environment and supported to make their own decisions. One person told us they enjoyed living at Ron's Place and said, "It's my home, I like it here."

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

Staff received on-going training in a range of subjects to meet the specific needs of people who lived in the home. Staff we spoke with told us they felt training provided them with the skills and knowledge to meet people's needs effectively. Staff told us they received regular one to one supervision meetings to discuss their role and the provider encouraged them to gain qualifications in health and social care to support their own personal development.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff had received training and understood the requirements of the MCA and encouraged and respected the decisions people were able to make.

Where people were not able to make a specific decision, the provider considered the services of an advocate or arranged best interest meetings. An advocate is an independent person, who is appointed to support a person to make and communicate their decisions. For example, staff said the advocate would support some people to make decisions about end of life, or managing finances when people were ready to have those discussions. Through our observations and talking with staff, it was clear

they were working within the principles of the legislation. Staff told us people were supported specifically to enable them to lead as independent a life as possible so people made their own decisions for their everyday living.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Applications had been submitted where potential restrictions on people's liberty had been identified in line with the legislation. However, it was not always clear why these applications were made for people as their mental capacity had not been determined. The provider assured us they would determine capacity for people, before DoLS applications were submitted. At the time of our visit, no one had an approved DoLS in place.

People told us they enjoyed the food, were able to make choices about what they wanted and they received the types of food they wanted. Comments people made to us were, "I love a cooked breakfast", "I like fruit" and, "Today we have liver and onions. I like that, it is good for me." People were involved in day to day menu planning and discussed what they wanted to eat at monthly meetings. On the day of our visit we saw people were asked what they would like to eat for lunch and whilst people were able to eat independently, staff were attentive during the lunchtime period. One person told us they had their favourite sandwich for lunch which they enjoyed.

Staff followed best practice for food hygiene. For example, fridge temperatures were checked to ensure food remained safe to eat and staff wore personal protective equipment when preparing and serving meals. No one at the home required close monitoring of their food or fluid intake although people's foods were monitored by the manager. The manager told us people's food intakes were monitored to make sure they received a nutritious diet and people's weight remained stable.

Staff were knowledgeable about people's individual needs and supported people effectively to manage their physical and mental wellbeing. Staff recorded people's appointments with healthcare professionals such as psychiatrists, optician, dentist and chiropodist and GP together with the advice provided. Staff followed the professional's advice to ensure their health was supported in line with recommendations. One person we spoke with confirmed they had routine checks and said, "I see the doctor and I see someone about my feet."

# Is the service caring?

## Our findings

We found staff were extremely caring towards people. People were treated with kindness and compassion and there was a lot of positive interaction between each other and staff. One person told us, "I like it here, we all get on with everybody, especially [Name of provider]." People said staff were friendly towards them, helped them when they needed support and cared for them in a way that made them feel valued. One person said, "I need help washing my back and the staff help me and the staff take me to the cinema, I love going to the cinema."

We asked staff how they provided a caring environment for the people who lived at Ron's Place. Staff said one of the key requirements to being a good carer was, "Patience and being understanding." One staff member said, "People build relationships with people and we build up trust so people can come to us with anything." The staff we spoke with told us they enjoyed working at the home and one staff member said it was, "Like living with one big family." During the day we observed staff constantly checked to see if people needed anything and there was clear evidence of caring relationships. One person required close supervision and staff and the manager did this in a caring and unobtrusive way that did not make this person feel different to others.

People were supported to make their own every day decisions and choices about how they lived their lives. People went out within the local community and some people did voluntary work at local organisations. One person told us, "I have a job at a sports club. I do the washing up, I enjoy it." Staff told us this gave people value that they were helping and contributing to the community. Other people preferred to stay in and spent time in the communal lounge watching television, films or listening to

their favourite choice of music. One person said, "I Like Bob Marley" and others said they liked this choice of music. Staff said it was people's choice how they spent their time and it was their role to support them.

Where possible, people were involved in domestic tasks and encouraged to help around the home to maintain their levels of independence and social skills. A board was displayed that showed which tasks people were allocated to complete if they wanted. One person said today they had, "Cleaned my bedroom, I like doing the cleaning and polishing." Staff understood the importance of prompting people to maintain their independence. One staff member explained that a good care worker was, "Trying not to take their independence away, being a good listener and letting people do what they want." They told us they promoted independence by, "Asking people, you have to. It is not good for people to be reliant and that's why we promote independence."

Staff ensured people's privacy and dignity was maintained. People had their own bedroom and some people had an en-suite bathroom which other people were not allowed into. People had decorated their bedrooms to their own individual tastes and to reflect their personal interests. People could choose to lock their bedroom doors if they wished. During our visit most people spent time in the communal areas of the home and we heard staff treat everyone with respect and dignity when talking with them.

Confidential information regarding people was kept in the staff office so people were assured their personal information was not viewed by others. However, people were asked for and gave consent for their care records to be shared with staff and other health care professionals when needed. Staff told us families and friends were able to visit at any time and people were supported to maintain relationships with people who were important to them. We were told some people visited people at the provider's other home to help maintain and forge new relationships.



# Is the service responsive?

## Our findings

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

Staff said they had a handover at the start of each shift which they found useful. Staff said it gave them information about people's health, moods and behaviours and meant they were responsive to how people were feeling that day. Staff told us they had time to read care plans with one staff member explaining, "I look at care plans often but I know what people need." Staff said care plans were regularly reviewed and continued to support people's needs. Each person had a care plan which detailed the care and support they required and how they would prefer to receive that care and support.

We looked at two care plans that contained information about people's personal preferences and focussed on their individual needs. All this information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. Where people's needs changed, the manager was responsive to make sure people continued to receive the right levels of support. For example, the manager recognised a person's behaviours had increased which placed them and others at increased risk. The manager organised health professionals

to assess and review this person's medicines. The manager's intervention and action resulted in this person's behaviours improving which, reduced the risks to the person and others.

There was a range of activities and hobbies that met people's individual needs. Some people enjoyed going to the shops, or into the local town while others enjoyed going to the pub for a meal or to the cinema. Staff accompanied people to see the films they wanted and were aware not all films would be suitable due to their content. We were told people had recently been to the cinema and future trips were planned. One person said, "I can't wait for James Bond, I like him and we have popcorn." Some people worked voluntarily in the local community and people told us they enjoyed this. Staff told us this improved people's social and day to day life skills, as well as maintaining people's health and wellbeing. Some people went on holidays with their families. One person said, "I went to France, I love France. I went with my sister." The provider told us last year they took people from their other home on holiday to the Caribbean which people enjoyed and they said they were planning to do this again in the future, with the possibility of taking some people from Ron's Place.

Information about how to raise a complaint was displayed in the hall for people and visitors. People told us they were happy with their care and support and had not made any complaints. One person said, "If I was unhappy I would tell staff and [Name of manager]." Staff understood their role in the complaints process. One staff member explained, "They would tell you they were unhappy and we would sort it out for them." Staff said this approach to people's concerns made sure formal complaints were not received. No complaints had been made in the previous twelve months. The provider told us, "We have no complaints as we try to please everyone and do a good job. If people were unhappy they would tell me."

# Is the service well-led?

## Our findings

The provider was the registered manager and had provided care at Ron's Place since they registered over four years ago. People felt confident to approach the provider and staff and all of the people we spoke with said they enjoyed living at the home. One person said, "The staff are lovely, I like them. They look after me" and "I love [name of provider], she is my favourite." Each staff member was allocated specific responsibilities within the home such as managing staff, administration, updating care records and health and safety. Staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them.

Staff told us they felt well supported by the registered manager and each other. One staff member told us, "[Provider] is on call, should I need any help in an emergency." The provider told us they usually worked long days to make sure people and staff were happy and supported with what they needed. All the staff spoke positively about working as a team and how they enjoyed working with the people in the home. One staff member said, "I enjoy it, I like looking after the people here."

During our visit we observed good team work and staff communicated well with each other, describing how people were feeling and what levels of individual support they needed. Staff said the information was communicated to each other throughout the day and we saw evidence this happened on a frequent basis.

Staff told us they shared their views at regular staff meetings and supervision meetings that gave them regular opportunities to raise any issues or suggestions. There were systems in place so people who lived in the home could share their views about how the home was managed. For example, people took part in regular meetings where they were able to discuss what activities they would like to take part in and what food they would like. People were provided with a pictorial quality survey which they completed anonymously where they indicated their satisfaction with a smiley face or unhappy face. We looked at the results of the last survey and found people were

satisfied with the service they received. The provider told us they were pleased with the results and said they had not identified any patterns where people had indicated a negative response.

There was a system of internal audits and checks completed within the home to ensure the quality of service was maintained. The system included a programme of audits, including checks of care plans and medicines audits. The provider undertook quality checks and where these checks identified actions, improvements had been taken. There were systems to monitor the safety of the service. We looked at examples for health and safety, infection control and fire safety. These audits were completed on a regular basis to make sure people received their care and support in a way that continued to protect them from potential risk. The provider recorded incidents and accidents on a monthly basis and completed analysis to identify any patterns or trends. Due to the small number of incidents, there was limited action to be taken as there was no pattern to the incidents. The provider assured us if these increased, analysis and actions would be taken to minimise the risks to people.

We recently completed an inspection at the provider's other home. The assistant manager told us they had taken learning from our visit and had improved their existing checks. They told us the improvements to their processes at the other home would be implemented at Ron's Place. The assistant manager told us the provider kept them informed and updated with latest changes in legislation and best working practices. The provider regularly attended provider meetings within the local authority which provided opportunities to discuss and understand how changes affected their delivery of service. They also told us they were committed to the Social Care Commitment and Care Certificate which meant staff were trained to deliver care to the fundamental standards expected.

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