

The Maples Residential Care Home Limited

Rons 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?	Requires Improvement ●

Summary of findings

Overall summary

Ron's Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated good. At this inspection we found the service remained Good.

The provider had displayed the rating from the previous inspection clearly on the premises. The provider did not have a website.

The home had 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.

People and relatives were complimentary and satisfied with the quality of care they received. People received care that enabled them to live their lives as they wanted, and were able to make choices about maintaining their independence. People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes. People were supported to maintain relationships with people who were important to them.

Care plans contained accurate and detailed relevant information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions and reviewing their care to ensure it continued to meet their needs.

For people assessed as being at risk, care records included information for staff so risks to people's health and welfare were minimised. Whilst this information was not always up to date, staff had a good knowledge of people's needs and abilities which meant they provided safe and effective care. Staff received training to meet people's individual needs, and used their skills, knowledge and experience to support people effectively and develop trusting relationships.

Medicines were stored and administered safely and as prescribed.

People's care and support was provided by a caring staff team and there were enough trained and experienced staff to be responsive to meet their needs. People told us they felt safe living at the home and relatives agreed. Staff knew how to keep people safe from the risk of abuse. Staff and the manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a choice of meals and drinks that met their individual dietary requirements at times they wanted them.

People and relatives knew how to voice their complaints and felt confident to do so.

Checks and audits were not always completed, and the provider did not always maintain accurate and up to date records, of staff training for example. This meant the provider did not always have the information they needed to help the care and support people received improve.

People, relatives and staff were encouraged to share their views of the service through regular meetings, questionnaires and conversations.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality checks and audits did not give the provider the information needed to ensure the support people received was effective. Neither did these checks support the provider to improve. People, relatives and the majority of staff felt well supported by managers, and felt the home was well run.

Rons 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.

This inspection visit took place on 2 November 2017. It was a comprehensive, unannounced inspection and was undertaken by one inspector.

We reviewed the information we held about the service and we looked at 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 reviewed the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who lived at the home, but they were not all able to tell us about their care and support in detail because of their complex needs. Therefore we spent time observing how people were supported to maintain their independence and preferred lifestyle. We also spoke with two relatives via the telephone following our inspection visit to gather their views.

We looked at two people's care records and other records including quality assurance checks, training records, observation records for people, medicines, and incident and accident records.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

When we asked people if they felt safe living in the home, they said, "Yes." Relatives also felt people were safe, telling us they never had any concerns about people's safety and well-being. One relative commented, "Yes, I do most definitely feel [relative's name] is safe."

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. The provider's whistleblowing policy gave staff confidence to challenge poor practice and to share any concerns with the manager. One staff member told us, "I would tell the manager, then if the manager didn't do anything I would contact CQC."

We checked to see how the provider ensured lessons were learned where any incidents occurred. For example, where incidents had occurred, and referrals had been made to the local authority to safeguard people, records did not include information about advice the local authority had given, or information about how the home intended to take action to change practice within the home. The assistant manager acknowledged this and, after our inspection, sent us a re-designed incident record and safeguarding form which would allow them to capture information required to make improvements and learn lessons where things went wrong.

Care plans included risk assessments related to people's individual needs and abilities. For example the equipment, number of staff required and the actions staff should take to minimise identified risks. Some risk assessments had not been updated as required by the provider's policy and procedure. For example, one person had been assessed as being at risk of falls on 1 January 2015. This had not been updated. We spoke with the assistant manager, who advised the level of risk, and measures required to minimise the risk had not changed. However, they agreed the person's care plan needed to be updated to reflect the fact that a review had taken place. Staff knew about risks to people, and we observed how they followed plans in place to keep people safe.

Other risks, such as those linked to the premises, or activities that took place at the home, were also assessed and actions were documented to minimise the risks. Routine maintenance and safety checks were carried out, such as checks of gas and electrical items. This ensured people were safe in their home. Everyone living in the home had their own fire evacuation plan which contained details of the support they would need to evacuate the home in the event of an emergency.

The provider used risk assessments, care plans and their detailed knowledge of people's needs, to make sure there were enough skilled and experienced staff on duty to support people safely.

Relatives told us they felt there were enough staff to meet people's needs. Most staff we spoke with agreed there were enough staff to meet people's needs. However, one staff member told us they felt there were not

enough staff to safely support people to go out, and that they had raised this issue with the provider but no action had been taken. Staff rotas showed there was usually one staff member on duty during the day. However, on the day of our inspection visit, one person had an appointment to attend, so two staff were on duty, one to support the person to attend their appointment, and a second staff member to support the remaining two people. The assistant manager explained if someone wanted to go out when only one member of staff was on duty, the staff member contacted the sister home nearby, to provide support so the person could go out.

The provider ensured people were protected from infection. At the time of our inspection visit, the home was clean and tidy. Staff used PPE [Personal Protective Equipment], for example when handling foods or supporting people with medicines, and ensured they used fresh PPE for each task undertaken. There was a cleaning schedule in place to ensure the home was well maintained and well cleaned.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People told us they received their medicines when required. One person commented, "Staff help me take my tablets." Medicines were managed, stored and administered safely, in accordance with best practice guidance.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The provider had systems in place to ensure new staff employed at the home had an induction that equipped them with the necessary skills and support. Newly recruited staff told us their induction programme included training and 'shadowing' (working alongside) experienced staff, before working independently with people. The provider's induction was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Relatives told us they thought staff were well trained to support people in line with best practice. They told us they felt this had a positive impact on people. For example, one relative commented, "In fact, [Name] is so much better at Ron's Place than they have ever been. They [staff] really know their stuff." Staff told us they had access to basic training such as first aid, safeguarding and medicines, and that this was followed up by access to information on best practice guidance on how to support people with learning disabilities for example, which they told us was often shared at team meetings. Staff also told us they could access more specialist training if they needed it. One staff member told us they were being supported by the provider to undertake a Diploma in health and social care, and felt more confident to support people with learning disabilities as a result of this.

Staff had regular opportunities to meet on a one to one basis with the registered manager or the assistant manager, which helped them to develop their skills and reflect on their practice. Staff also told us the registered manager or the assistant manager regularly observed their practice and gave them feedback they could use to improve how they worked with people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and the assistant manager understood their responsibilities under the Act, and people's care records included information about the support they needed with decision making. The provider had made applications for two people they felt lacked capacity to agree to restrictions of their liberty. The local authority had completed assessments and determined the two people did have capacity. As a result, the provider had drawn up written agreements with the people, for example how and when the front door to the home would be locked, and how people could exit the building if they wished to.

Staff had a limited understanding of MCA and DoLS, but we observed how they ensured they sought people's consent before supporting them.

People told us the food was good and they always had a choice. One person's care plan included guidance for staff on how best to support the person to eat slowly at mealtimes. We observed staff doing this during our inspection visit.

Records showed people were supported to access health professionals when needed. People were supported with their day to day ongoing health appointments by staff, as well as when their health fluctuated or deteriorated suddenly. For example, one person had been supported to access mental health services when they had experienced a deterioration in their health. Records showed information about the persons behaviours had been recorded and was then used by health professionals to amend the persons prescribed medicines accordingly to meet their needs.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The majority of staff felt the provider helped them to support people in a caring way. The rating continues to be Good.

People told us staff continued to be considerate, kind and caring, and that the home offered them a 'homely', family-type atmosphere. One person said, "Well, they [staff] are my family really." Another person commented, "I like it here, I like all the staff. They [staff] talk to me nicely." Relatives also spoke positively about the caring attitude of management and staff, as well as the atmosphere in the home. They also told us the provider supported them to get the best outcomes for people. One relative said, "They [provider] have helped us out so many times. If we need to fill in forms for [name] for example, they [provider] helps with that."

Relatives told us they were always made to feel welcome, and could visit the home whenever they wanted. This helped people maintain relationships that were important to them.

There was a calm and relaxed atmosphere in the home. Staff spoke to and about people in a caring and respectful manner, and people responded positively when staff interacted with them. We asked care staff what delivering a 'caring' service meant to them. One staff member responded, "You look after the person as you or your family would want to be looked after. It is like they [people] are my own family." Another staff member said, "It [caring] is a mindset. It is about treating people how you would expect to be treated. It is person-centred. Not everyone needs or wants the same things."

People were supported to be as independent as possible, by encouraging them to be involved in the day to day running of the home. Care plans included personalised information for staff on how they could help people achieve things for themselves. One relative told us, "They [staff] have really encouraged [name] to take part in jobs around the place like vacuuming and doing the washing up. [Name] would never have done that previously." They told us this had a positive effect on the person's wellbeing.

People told us they were involved in reading and reviewing their care plans to ensure they were happy with the content. Staff told us they were allocated time each month to meet with people and go through their care plans to ensure people were happy with them. Records showed these meetings took place, but did not always record how people themselves had contributed to reviewing their plans. The assistant manager assured us this information would be added to future reviews.

We observed staff ensured people's privacy and dignity was respected. For example, supporting people to private areas of the home if they needed assistance with their personal care.

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and responded as their needs changed. The home continued to operate an open, honest culture, and people had the opportunity to maintain their hobbies and interests. The rating continues to be Good.

People's care records, risk assessments and staff knowledge about people's care needs was consistent. Care plans contained personalised information to help staff respond to people's needs as effectively as possible. For example, where people wanted to share this information, a 'social history' was completed so staff had information they could use about people's history and background in order to be more responsive to people's needs. The provider also completed a 'grab and go' document which was kept at the front of people's care plans. This enabled essential information about people's care and support needs to be shared quickly, with health professionals for example.

Care plans did not always clearly record outcomes people wanted to achieve so that progress could be tracked and people's care and support could be amended to respond to and work towards achieving their goals. However, staff spoke knowledgeably about people's hopes and what they were working towards, for example one person was working towards being more independent. Staff were supportive of this and were helping the person to achieve this.

Staff were quick to respond when people needed extra support, or when their needs changed. For example, one person had recently experienced a number of incidents of anxiety over a relatively short period of time. These incidents had been recorded and analysed, which helped staff to respond by contacting health professionals, who ensured staff had guidance on how to help the person manage this. Daily records showed how staff used this guidance and the techniques recommended to support the person.

Relatives told us they had not needed to complain recently, but knew how to do so. Where relatives had raised concerns, they told us they were happy with the response they received. One relative explained, "Concerns are most definitely dealt with. What I like as well is that everything is logged so I can speak to any of the staff as there will be a record of it." There was a complaints procedure which advised people and visitors how they could make a complaint and how this would be managed. Each person had a copy of the complaints procedure in their care plan. No complaints had been made over the past 12 months.

People were supported to maintain any hobbies or activities they enjoyed, and we saw people went out according to their preferences throughout the day during our inspection visit. One person explained, "We are going to the pictures this morning. I am going to choose what to watch when we get there." People's care records included information on activities they had undertaken, how they had responded to them, and whether they wanted to try them again.

The home did not support anyone who was in receipt of end of life care. However, people's care records included information about people's and, where appropriate, their relatives wishes about what should happen at the end of their lives. This included consideration of funeral arrangements, where people were

happy to discuss this.

Is the service well-led?

Our findings

At our previous inspection, we found the staff were well-led and the home was managed effectively. The rating was Good. At this inspection, we found auditing and quality checking was not as effective, and there was not always information available to managers so they could ensure the service was operating effectively and could continually improve.

We found one safeguarding concern had been reported to the registered manager by a staff member. Whilst action had been taken to address the concern, which ensured people remained safe, the provider had not notified the local authority. The provider had not followed their own policies and procedures, or those locally agreed to safeguard people. We raised this with the assistant manager who told us they would discuss the concerns with the local authority and consider whether there was a training need for the staff members concerned.

The provider asked people, relatives and staff for their views of the service through regular surveys, meetings and conversations. Relatives explained, "I am asked if I am happy with the home, whenever I visit." We asked to see any action plans that had been developed as a result of this feedback, but none were available on the day of our inspection visit. The provider sent us an action plan following our visit, but actions listed were not attributed to anyone for completion, there were no timescales indicated for their completion, and there had been no tracking of any actions that had been partially completed.

Whilst the home was clean, tidy and well maintained, and staff used PPE where required, there was no system in place for the provider to check this remained effective. No infection control audits had been completed at the time of our inspection visit. Following our inspection, the provider took action to address this and designed an infection control audit. The registered manager told us they had not yet completed the audit, but they were in the process of doing so.

The registered manager did not keep up to date and accurate training records to show when staff had attended training, and when it was next due. Following our visit we were sent a training matrix, but this only included a small number of courses, and there were several gaps. For example, the matrix showed no staff had completed training on how to support people with learning disabilities, dealing with challenging behaviour, or supporting people to manage mental health difficulties or anxiety. When we asked the provider about this, they told us the current matrix only included the training staff had completed under a new electronic training system, and that training staff had attended in the past was yet to be added to the matrix. This meant the provider did not have an overview of the training staff had completed that they could share with us. This meant they could not demonstrate to us all staff had the training they needed to support people effectively.

Training records did not include any 'equalities' training for staff. We asked the registered manager how they ensured people were treated equally and had their human rights respected. They told us they were confident staff treated people equally, but explained they would explore equalities training for staff to undertake which could then be followed up in supervision meetings and explored through the regular

observations of practice managers undertook with staff.

Checks made on people's care records had not always ensured these were up to date. Whilst care plans were personalised and responsive to people's needs, and staff knowledge was good so that people were supported safely, they were not always updated. Some risk assessments, for example, had not been reviewed since 2015. We raised this with the assistant manager, who assured us they would be reviewed and updated to ensure the actions staff took to reduce risks were reflected in care plans.

Relatives were happy with the quality of the service, and spoke positively about the registered manager and the assistant manager. One relative told us, "It is brilliant here actually, [relative's name] is very happy here."

The majority of staff told us they felt well supported by the registered manager and the assistant manager, and that the home was managed and led effectively. One staff member told us, "I feel valued. They [managers] ensure we are okay. We are encouraged to go to the manager if there are any problems." They added, "We feel listened to. For example, we [staff] recently raised the need for phones in the community. That has now been sorted." However, one staff member said they did not feel supported or listened to by managers, and that they had raised this with the director. They told us they were satisfied with the response they received.

Staff told us they were supported through regular team meetings, which gave them the opportunity to share their views, hear about progress made on any issues raised, and for the registered manager to share important information.

We asked the registered manager how they ensured people were engaged in the running of the home and how they ensured they had access to information about their rights, in formats they understood. They told us they were aware there was not enough use of pictures or symbols in the home, which could help people understand information. They assured us they were working on increasing the use of this, and were also intending to produce a DVD people could watch which would explain how the home worked and how people could be more involved.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people.