

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Maples

Tokers Green, Reading, RG4 9EY

Tel: 01189724553

Date of Inspection: 08 November 2012

Date of Publication:
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Disabilities Trust
Registered Managers	Mr. Paul Smith Mr. John Spiller
Overview of the service	The Maples is a residential care home for up to 15 people who have autism and accompanying learning disabilities. The home changed its name from Dyson Wood House to The Maples in November 2012.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about The Maples, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations and carried out a visit on 8 November 2012. We observed how people were being cared for, talked with people who represent the interests of people who use services, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with stakeholders.

What people told us and what we found

Some of the people using the service had complex needs which meant they were not able to tell us their experiences. People we spoke with told us they were happy living in the home. They told us they felt safe, cared for and listened to by staff.

We spoke with relatives of people who live in the home. One relative said, "Our son cannot make many decisions, but where possible staff support him to do that". "In general I feel the service provides good quality care... we were notified of the building changes, the name change of the home and the new management changes". Another relative said, "Compared to the past history everything is now very positive. When I saw his own flat over the weekend I couldn't believe when I said how nice the colour was that our son had chosen it all himself".

Staff were knowledgeable of people's specific health and personal care needs and how they wanted those needs to be met. We looked at people's care plans and supporting documents. We found people's care plans detailed their needs, and how to meet those needs whilst minimising identified risks.

The provider had ensured staff received appropriate professional development and support to deliver care and support to the people who live in the home.

We found people and their relatives had opportunities to contribute their views about the quality of the service. The provider had systems for monitoring services provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

People were supported in promoting their independence and community involvement. We observed staff listening to what people had to say. We observed staff supporting people to choose an activity from recreational activities available to them at the home and within the local community.

One person showed us around the main house and Courtyard Gables which was a bungalow within the grounds of the main house. The person told us the house was to be knocked down and the bungalow was to be refurbished. The person told us people were due to move from the main house and Courtyard Gables to new accommodation within the grounds of 'The Maples', formally known as Dyson Wood House. The person showed us the two new buildings which had four self contained flats within each. The person told us they were kept fully informed of the stages of the building works. They told us they had been given the choice of flats, and had chosen their own colour scheme and were very pleased with the outcome. Another person told us with enthusiasm that they would be moving to their new flat the following week. The person told us they were concerned that the main building would be demolished, but were looking forward to the move. The person told us they had also chosen their own colour scheme.

Staff were knowledgeable about people's individual care and support needs. Staff told us people living within the home were encouraged to express their views and to make decisions related to the care and support they received. We looked at two people's support plans and other supporting documents that had included the minutes of residents meetings. Choices they had made about the care they were to receive were documented and respected.

Staff told us they had received training on equality and diversity that promoted dignity and respect. This was confirmed within training documentation we viewed.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Our inspection of 8 August 2011 found that "people's care plans and supporting documentation was not consistently put into practice by staff. We found people had not always experienced effective, safe and appropriate personalised care, treatment and support. We found there was little interaction by staff with people living in the home. We found what interaction there was did not always follow written support plans or promote individual choice and decision making. We found there were limited opportunities for participation in constructive activity for people who lived in the home". As a result there was a risk people's needs may not be fully met.

The provider wrote to us and told us they had taken a number of actions to improve outcomes for people since our visit. These had included staff tutorial meetings to focus on reviewing people's care plans and assessments, and to develop and improve practice.

We found from our visit on the 8 November 2012 that people's needs were assessed and care and support was planned and delivered in line with their individual care plan.

We spoke with the relatives of seven people who live in the home. One relative said, 'I think the staff are very good. I have had concerns in the past about my son's clothes and appearance. His clothes often looked horrible with holes in them and he seemed unkempt. But now his keyworker is working with him he is really good and makes a point of ensuring my son's clothes are good. My son now looks much better'. Another relative of a person said, "We are very happy with the care he receives. He seems happy and that is all that is important".

We looked at samples of supporting documentation that included care plans and risk assessments that identified people's current and ongoing care and support needs. We saw that people's care plans and supporting documents had been reviewed. They detailed the specific health and personal care needs of the person and how to support the person to meet those needs.

We found risk assessments identified risks associated with personal and specific health related issues, and recorded guidance for staff to minimise those risks. Daily observational records detailed how the person's needs were met, and recorded their general wellbeing. Health action plans were easy to understand and included communication evidence of

other professionals involved.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Our inspection of 8 August 2011 found, "people living in the home were not sufficiently protected from abuse or the risk of abuse. Staff were not always following prescribed behaviour plans and one to one support requirements were not consistently being met. Until recently, reporting of safeguarding incidents to the local authority safeguarding team and the Care Quality Commission had been inconsistent."

The provider wrote to us and told us they had taken a number of actions to improve outcomes for people since our visit. They told us these had included safeguarding training which covered legislation, what abuse is and how to report to local safeguarding and CQC if a notifiable incident occurred.

Staff told us the whistleblowing policy informed them how to raise a concern if they thought the safety of a person was at risk. Training records we viewed recorded staff had received training on safeguarding of vulnerable adults. This enabled staff to understand the aspects of protecting people which were relevant to them. Staff demonstrated a good knowledge of safeguarding people from abuse. Staff knew how to recognise the signs of abuse and how to report all cases of concern to the appropriate person.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

We found a new behavioural monitoring system had been introduced since our last visit. The provider told us the new system was to ensure peoples behaviours were recorded in a consistent, accurate method for better analysis, understanding and learning. We found training records which recorded staff had received training relevant to violence and behaviours of aggression from people who use the service. Staff told us training had helped them when dealing with challenging behaviour.

A relative of a person said, "He has improved so much since living there. There used to be so many accident/incident reports but the staff are really good at managing his behaviour and he is less challenging". Another relative said, "My son never says that anything at The Maples is worrying him and he always looks clean and healthy".

We looked at peoples risk assessments which included behaviour monitoring charts. Peoples behavioural support plans identified triggers to challenging behaviour and detailed strategies to prevent the behaviour whilst promoting people's safety.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Our inspection of 8 August 2011 found "Although the buildings were broadly safe and accessible, they did not sufficiently promote the well being of people living in the home. Standards of décor in the communal areas were plain and they were in need of redecoration. Plans for full redecoration were provided but had yet to be completed". We found there was no evidence of any risk to people, but the premises had not promoted the wellbeing of the people living at the home.

The provider wrote to us and told us they had taken a number of actions to improve outcomes for people since our visit. They told us the main house and Courtyard Gables had a significant amount of redecoration which had included new soft furnishings and curtains. They told us of their plan to build two bungalows within the grounds of the main house, and to refurbish Courtyard Gables. They told us they planned to demolish the main house formally known as Dyson Wood House.

We found from our visit on the 8 November 2012 improvements of furnishings had taken place within the main house which provided a more homely environment. We found the building of two bungalows was complete. We saw the bungalows had four self contained flats within each. Each flat had new furniture which included kitchen appliances and flat screen televisions. Adaptations and fittings had taken place within each flat to safely meet people's needs. People told us they had been involved to choose colour schemes and name the new bungalows.

People's relatives told us they had been kept informed of the improvements to the premises. One relative said, "The only thing that I once mentioned and I thought that could improve was the state of his room. Everything was getting really old and looked tatty, but now they have the new bungalows and everything is new, so that worry is not there anymore".

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Our inspection of 8 August 2011 found "Although staffing levels had recently improved, the staff were not yet being effectively deployed or managed by senior staff to meet the needs of the people in the home. There remained shortfalls in the permanent staff team, including at senior and team leader level. The home was still using significant numbers of bank and agency staff".

The provider wrote to us and told us they had taken a number of actions to improve outcomes for people since our visit. They told us about staff restructuring which included the appointment of senior staff. They told us agency staff were rarely used as permanent staff were appointed to improve reliability of staff for people who lived there.

The new manager of The Maples formally known as Dyson Wood House has registered with the Care Quality Commission.

A relative of a person said, "As I said years ago it was so very different... there has now been significant improvements. I still think they can do with more staff as there are staff shortages sometimes".

The staff rota identified continuity of staff and showed staff numbers were sufficient to meet the assessed needs of the people who lived in the home.

We found peoples annual review records and supporting documents such as behaviour support plans described the support they required to meet their needs safely. We saw people who were assessed as requiring one to one support receiving one to one support on the day of our unannounced visit. We observed people being supported by staff to undertake chosen activities and spoke with a psychologist who told us they worked full time hours within the home to support the people who live there.

Staff we spoke with had a good understanding of the care needs of the people they were supporting. They told us they were provided with sufficient time to carry out their duties and responsibilities effectively. We looked at records of induction and staff training. The records showed staff had received service specific training to support and safely meet the needs of the people who lived there.

A relative of a person said, "Staff seem efficient and we have never had reason to

complain". Another relative of a person said, "I think the staff are skilled, they let him do what he can as he is relatively independent".

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Our inspection of 8 August 2011 found "People living in the home were not always safe and their health and welfare needs were not consistently met by competent staff. There were shortfalls in the mandatory training provided for staff. Staff had not received regular support through supervision, appraisal or regular team meetings".

The provider wrote to us and told us they had taken a number of actions to improve outcomes for people since our visit. They told us these had included improved communication between senior managers and support staff through newsletters, regular meetings and an 'open door policy'. They told us staff supervision and appraisal programmes were now in place.

Staff told us since our last visit in August 2011 they felt supported by a new management team. They told us recent changes of management had improved outcomes for people using the services provided. One support worker said, "It is like a breath of fresh air, something we have been waiting for". Another support worker told us, there have been many changes which included staff redundancies and restructuring of the staff team. We feel part of a team and better equipped to support people who use the services than we had felt prior to the changes".

Staff told us they have been provided with enough training and support to meet people's needs safely. They told us they had informal meetings with their manager and an annual appraisal which had given them the opportunity to discuss their development needs. We looked at the home's training programme and records of staff appraisal which supported what staff told us

A relative of a person said, "Staff in the past used to just sit down and not seem to be doing anything. Now things really seem a lot better, our son seems happier to be around staff. When we take him out it is now much easier for us to leave him because he goes happily with staff". Another relative said, "When I watch staff with my son they all seem positive and know what they are doing".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The home had developed monitoring systems to gather feedback on the quality of service people received. These included the organisation's complaint procedure, care reviews, family satisfaction questionnaires, provider quality monitoring visits and environmental health and safety checks.

We found peoples' care plans were reviewed, and had detailed information about how the person wanted their needs to be met. The home's complaint procedure was accessible to people and people's views had been considered through regular reviews of their care and support needs.

A relative of a person said, "We feel things have improved, the new management is good and the quality of service is now good". Another relative said, "The staff have been excellent. I am in regular contact with them by phone and they make sure they send me regular communications to let me know about how things are going. I got a letter in the post to tell me about the new building and the move".

Staff told us they worked well as a team and felt supported by the management team. We found the management structure for decision making and accountability provided guidance for staff, to ensure that peoples care and support needs were met consistently and safely.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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