Healthcare Homes Group Limited

Maynell House

Inspection report

Maynell House Residential Home
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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?	Requires improvement
Is the service well-led?	Good

Overall summary

Maynell House provides accommodation and personal care for up to 25 older people, some living with dementia.

There were 22 people living in the service when we inspected on 6 July 2015. This was an unannounced inspection.

There was a registered manager in post. 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.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance. However, improvements were needed to provide more social interactions to people.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. However, improvements were needed in the ways that staff were provided with guidance in care records about people's specific care needs and how staff were provided with up to date information about people's changing needs. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was not consistently responsive.

Improvements were needed in how people's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed. Improvements were needed in how these changes were recorded to make sure that staff were provided with the most up to date information about how people's needs were met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Requires improvement

Is the service well-led?
The service was well-led.

Good

Summary of findings

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Maynell House

Detailed findings

Background to this inspection

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

This inspection took place on 6 July 2015 and was unannounced and was undertaken by two inspectors.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service and one person's relative. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager and five members of staff, including care and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service. We also spoke with one health professional following our visit.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said, "We are all safe in here." Another person told that living at Maynell House meant that they, "Had nothing to worry about." A person's relative told us how they never worried about the person's safety, "I have got no qualms there."

Staff had received training in safeguarding adults from abuse which was regularly updated. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. Records and discussions with the registered manager and a staff member showed that where safeguarding concerns had arose swift action was taken to reduce the risks of similar incidents occurring and to ensure the safety of the people using the service.

Staff checked that people were safe. For example, when people moved around the service using walking aids, the staff spoke with them in an encouraging and reassuring manner and observed that they were able to mobilise safely. When people sat outside in the sunshine during our visit staff made sure that precautions were taken to minimise the risks to people. For example, sun hats were offered, people were offered a place in the shade to sit and they checked that people had enough drinks.

People's care records included risk assessments which provided staff with guidance on how the risks in their daily living, including using mobility equipment, accidents and falls, were minimised. One person showed us how their armchair could be adjusted to support them standing up safely, promoting their independence, whilst reducing the risk of them losing their balance and falling. People's risk assessments were reviewed and updated when their needs had changed and risks had increased. Where people were at risk of developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced by monitoring the condition of people's skin and other related health needs.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the lift had been serviced and regularly checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Checks were undertaken to make sure that call bells were in working order, in case people called for assistance. There were no recorded checks made on pressure mats and pendant alarms, which people wore as they moved around the service. However, when we pointed this out to the registered manager, they set up a system and assured us that these checks would commence immediately.

People told us that there was enough staff available to meet their needs. One person said, "I think there are enough staff, they help me when I need help." We saw staff responded to people's verbal and non-verbal requests for assistance, including call bells.

Staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner. However, they said that there was limited time to socially interact with people as they were busy meeting people's physical needs. This was confirmed in our observations, people were sitting in the lounge for periods of time with no interaction from staff. Staff were around, but were sitting away from people, at a table completing care records. The registered manager and a staff member told us that they were provided with a budget from the provider for staffing levels. People's care records held dependency assessments but there was no clear tool used to assess people's dependency, including social needs, against the required staffing numbers.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person told us about how they took pain relief medication and that the staff, "Always bring it when I need it." Another told us they had, "Never had a problem," receiving their medicines as prescribed and said, "It all goes along smoothly."

Medicines were managed safely and were provided to people in a polite and safe manner by staff. Where a person

Good

Is the service safe?

required assistance, it was undertaken in an unrushed manner, one tablet at a time. The staff smiled and talked to the person and the person indicated when they were ready for the next one. Staff offered the person sips of water in between which aided with the swallowing.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. However, there were gaps in records of medication that was applied externally, such as creams. The registered manager told us that they had identified this as an issue and had made adjustments to the systems for recording these to enable staff to complete them in a timely manner. Records we looked at, including staff meeting minutes, confirmed what we had been told. Therefore, the registered manager was in the process of developing the systems in place to ensure that people were provided with these medicines appropriately and safely. People's medicines were kept safely but available to people when they were needed.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, "They are very good, they all know how to help me." Another person told that staff were effective in supporting them with their personal care, "I get a good wash down in the morning, they [staff] take a lot of trouble with that." A person's relative described staff as, "Friendly and professional," and that they had confidence in their abilities to, "Really care for people."

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff training was effective because staff communicated well with people, such as maintaining eye contact with people. Staff supported people to mobilise whilst maintain their independence effectively and appropriately. Staff were knowledgeable about their work role, people's individual needs, including those living with dementia, and how they were met.

Staff told us that they felt supported in their role and had regular supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. The registered manager told us that staff had not been receiving annual appraisals and they had a plan in place to ensure these were done, records confirmed what we had been told.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. Staff sought people's consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs.

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training and they knew how to recognise when they needed to take action to refer for an assessment where there was a risk that someone may need additional protection to keep them safe. We saw that DoLS referrals had been made to the local authority as required to ensure that any restrictions on people were lawful.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent, this was identified in their records and the arrangements for decisions being made in their best interests. Where we found conflicting information in one person's care records about their ability to make decisions. We told the registered manager what we had found and they assured us this would be addressed to make sure the person's level of capacity to make decisions was correct and their rights protected.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, "We get well fed, the food is always cooked well." Another person as they finished their lunch told us, "I like that sort of food, really nice." We spoke with a person in their bedroom and saw that they access to cold drinks, they also told us that staff brought around regular hot drinks, "Around 3:00pm will bring me up a cup of tea, if I am downstairs they will come and find me," so they didn't miss out on their hot beverage.

We saw that the meal time was a positive social occasion. Where people needed assistance with their meals this was done by staff in a caring manner. When people arrived for breakfast, they were greeted by staff who took their breakfast order. One person told us they were always offered a choice which included a, "Cooked breakfast," but they preferred to have, "Porridge and toast."

We spoke with catering staff who were knowledgeable about people's specific and diverse needs relating to their dietary needs. They told us that as well as being kept updated by the care staff, they also spoke with people to gain their preferences. A person's relative told us how the catering staff were, "Absolutely brilliant, trying different things," to identify which meals the person liked, so they would eat more.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. Where a person had pushed their drink away, out of sight, this was picked up by staff,

Good

Is the service effective?

who moved it closer and encouraged the person to have a drink. People's records showed that people's dietary needs were being assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. However, records for some people, for example those living with diabetes or dementia, showed that the needed encouragement to eat healthy snacks. There was no recorded evidence of snacks being offered to people, and during our visit we saw the only food between meals that were offered was a biscuit during the tea rounds.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "We have the nurse come in every week, if I want to see anyone they [staff] get them in." Another person commented, "I have my toe nails done regularly by a chiropodist." We saw one person told a staff member that they could not hear. The staff member asked them how long this had been happening, they knelt in front of the person and offered them a doctor appointment. This showed that the staff acted on what people said about their wellbeing.

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. We saw that a system had been developed to record issues and concerns of people's wellbeing which was provided to a nurse practitioner who visited the service on a weekly basis. This meant that none of the issues identified were missed during these visits and people were provided with the health care support that they needed. There was also a clinical risk management tool used, which helped the staff identify people who may be at risk with regards to their health. We saw the minutes from a meeting that was held with staff and a member of the Clinical Commissioning Group, who worked as a link with health care providers and the service. In this meeting they planned a way forward for driving improvements in supporting people with their health needs, working in partnership with health care providers and to provide a forum for reporting concerns that the service may identify, such as inappropriate discharge from hospital.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “The staff here are all so very kind.” Another person commented, “We are treated very well.” A person’s relative provided examples of why they felt staff were caring, “It’s the way they take care, want to get to know [person]. They make sure [person] is having a laugh, include [person] in everything, not just because I am here, so reassuring, personal touch is always there, don’t treat people as a number.”

Staff talked about people in an affectionate and compassionate way. We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff, including smiling and chatting to them. People were clearly comfortable with the staff. We saw a staff member compliment a person on their appearance and how they looked nice, which made the person smile.

People told us that they felt staff listened to what they said. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. The minutes from meetings which had been attended by people who used the service showed how their choices were sought, listened to and acted upon. For example, in a meeting in April 2015 people were asked how they preferred their meals to be served, pre-plated or served at tables. People’s responses varied and they were advised that their individual choices were to be used when serving their meals.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person told us how staff fitted into their preferred routines, “They adjust their affairs to fit in with me, rather than me with in with them.”

We saw that staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids. One person told us how they liked to go out independently in the community and how this was respected by the staff.

Requires improvement

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person commented, "I'm very happy, they [staff] are all very good, they listen to me." Another person said, "I see nice people and it makes my life better living here." A person's relative told us how they had felt, "Involved," during the assessment stage, which included looking at the bedroom which was available, and talking to staff about the person's needs.

Staff knew about people and their individual likes and dislikes and those living with dementia, and how these needs were met. This was confirmed in our observations, staff communicated with people effectively.

Records provided staff with information about how to meet people's needs. However, we noted that there was limited information, if any, on people's life history, hobbies, interests and end of life decisions. Improvements were needed in the way that the service reported on how people's specific needs were met and how their condition may affect their wellbeing, for example, those living with dementia or other mental health needs. When we spoke with staff they had a good understanding of people's individual needs and history. We also noted that the care plans were not routinely updated when changes had occurred but these were recorded on review documents. This meant that staff would have to read through all of these review sheets to find out people's most up to date needs and how they were met. We told the registered manager what we found and they assured us this would be addressed to make sure that all staff were made aware of people's needs and how they were met.

People told us that there were social events that they could participate in. We saw people participating in a range of activities throughout the day of our visit. During the morning three people sat together in the garden and another person walked around the garden with a staff member. Three other people shelled broad beans and peas with the activities coordinator. This was also used as a reminiscence activity. For example the activities coordinator asked, "Anyone remember growing their own vegetables?" This led to the people involved sharing childhood memories, as well as later times when they attended their own gardens.

The activities coordinator worked for 15 hours each week. This meant that care staff were responsible for ensuring people were provided with stimulating activities and interaction when the activities coordinator was not working. However, we saw that the care staff were busy providing care and support to people relating to, for example their personal care needs and were not able to adequately cover this role. This was evident when we observed people sitting in the lounge who were showing signs of being withdrawn and disengaged during the day. One person who preferred to spend time in their bedroom, told us how their physical care needs were met but would like more social interaction from staff, "I would like to see them a little more often than I do, they are nice people and I would like a chat…they do occasionally wander in, I would like them to wander in more." In the communal areas we saw that the impact of having a television and another audio system on at the same time increased the noise levels. One person's verbal and non-verbal body language showed that this impacted on their welfare, as they put their head in their hands.

The activities programme was displayed in the service, which included items such as armchair exercise, bus trips out in the community, visiting entertainers and games. The programme showed that afternoon tea was an activity offered daily. However, when we saw afternoon tea, this was just the serving of drinks and a biscuit.

People told us that they could have visitors when they wanted them, this was confirmed by people's relatives and our observations. A person's relative told us that they were always made to feel welcome when they arrived. One person said that their family had moved away and they regularly spoke with them on the service's telephone. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person told us they knew who to complain to, but preferred to raise any issues as they come up, "If I need to make a point, I would make a point," directly with staff at the time, so it could be dealt with. If it wasn't dealt with, they said they would speak to their relative, who was aware how to put in a formal complaint.

Requires improvement

Is the service responsive?

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Records showed that complaints were well documented, acted upon and were used to improve the service. For example where a person had raised a concern about how their clothing was laundered. The registered manager showed us a suggestions box which had been recently installed. They had emptied the box for the first time and there was one suggestion received. This was from a person's relative who said that they had not known about a resident and relative meeting. The registered manager told us that they were going to develop a system of providing the minutes and invites to people via e-mail if they preferred this way of communication.

Good

Is the service well-led?

Our findings

There was an open culture in the service. People and relatives gave positive comments about the management and leadership of the service. People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon.

Staff told us that the registered manager was approachable, supportive and listened to what they said. Staff understood their roles and responsibilities in providing good quality and safe care to people. We saw the minutes from staff meetings where staff were kept updated with any changes in the service and people and were advised on how they should be working to improve the service when shortfalls had been identified. For example, new processes for completing medicines administration records for creams.

The registered manager had recently been employed in the service and registered with CQC. One person remarked, "The changes in the management hasn't affected the day to day," running of the service, and that they would be happy to recommend the service to others. The registered manager told us that they felt supported. They understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. They told us that there had been some changes in the governance of the service, including regional managers. There had been a recent meeting with a director where they discussed changes and the managers of the provider's locations could make suggestions to drive improvements in the service. We saw the minutes from 'cluster meetings', which were attended by managers of the provider's services in the local area, where changes were discussed, for example the provider's reviewed health and safety policy.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines and falls. Where shortfalls were identified actions were taken to address them. Records and discussions with the registered manager and a staff member showed that incidents, such as falls, were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring.

People were involved in developing the service and were provided with the opportunity to share their views. Meetings which were attended by people using the service and their relatives were held. One person's relative told us if they were unable to make the meeting, the minutes were pinned onto the notice board for them to read. The minutes from these meetings showed that people were kept updated with the changes in the service and provided a forum to raise concerns or suggestions. Action plans were in place following these meetings and people were updated with the completion of the actions taken at the next meeting.

Regular satisfaction questionnaires were provided to people and their representatives to complete. We looked at the summary of the last questionnaires received June 2014. These identified the outcomes of the questionnaires and an action plan of how the service planned to address the comments of concern received. For example, some people had said that they did not always feel involved in reviewing their care choices. The service's response was to focus on review and choices when people were 'resident of the day.' Another issue identified in the questionnaires was that not all people felt that the garden was well used, the service's response was to include the garden when planning activities. This was confirmed during our visit, where people sat in and walked around the garden enjoying the sunshine.