The Regard Partnership Limited

Maybank Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 5 and 7 January 2016 and was unannounced. The last inspection of this service took place in 2013. The service was found to be meeting the requirements of the regulations at that time.

Maybank Residential Care Home provides residential care to six adults with a learning disability. It is a requirement of the registration of Maybank that there is a registered manager in place. At the time of the inspection a registered manager was in place. 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's relatives told us the service was safe, it was well managed and people were well cared for.

Some areas of the running of the home required improvements, for example, we found audits had not been completed accurately and where actions were required these were not always acted upon in a timely way. We found some parts of the home required cleaning and that monitoring of the standards of cleaning had not always taken place. We have made a recommendation about the cleaning of the home. Other findings included hot water taps that delivered water that was above the recommended temperature and trip hazards outside the building. Audits had not identified the concerns we found.

Staff were supported to carry out their role through supervision, appraisals and team meetings. Records showed staff received training both through e-learning and face to face training, however some training for staff was not up to date. This included areas of training such as moving and handling, first aid and safeguarding. Records showed only two staff had completed the practical moving and handling training. This meant the provider was unable to demonstrate that staff knew how to carry out moving and handling techniques safely.

The Mental Capacity Act 2005 code of practice had not been applied consistently in the home. People's mental capacity had not always been assessed appropriately. Documents showed an attempt had been made to assess people's mental capacity but the assessments were not decision or time specific. Where people's liberty had been deprived a deprivation of liberty safeguard application had been made with the local authority to ensure it was lawful and in the person's best interest.

People were supported with their nutritional needs, food and fluid were available to people, and where people needed additional support due to a risk of choking this was supplied by staff.

Staff treated people in a kind and dignified way. People appeared comfortable and relaxed in the home, there appeared to be a good rapport between staff and people. Staff understood people's needs and responded appropriately to support people.

Each person had a care plan and risk assessments in place. This enabled staff to meet people's needs and to know and understand each person's likes and dislikes. We saw that the needs of one person in relation to their skin integrity were not recorded in their care plan, which placed them at risk of harm.

The provider had a complaints policy in place, but no complaints had been received in the last year. The provider also sought feedback from people, relatives, staff and visiting professionals on how the home provided care and what improvements could be made. Where points were raised that could lead to improvement an action plan was in place.

From our observations people appeared to be well cared for and happy living at Maybank Residential Care Home.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

People were put at risk of harm as some parts of the home were not clean.

Inadequate maintenance meant that the water temperature in the kitchen was too hot and placed people at risk of scalding

Is the service effective?

Requires Improvement

Some parts of the service were not effective.

People's mental capacity to make decisions had not always been assessed. The Mental Capacity Act 2005 code of practice had not always been applied.

The competency of staff was not assessed; face to face training for staff was not up to date.

Is the service caring?

Good

The service was caring.

Staff interacted with people in an appropriate and meaningful way.

People's dignity and privacy was protected by staff.

Relatives were kept up to date and involved in how care was provided.

Relatives were kept up to date and involved in how care was provided.

Is the service responsive?

Requires Improvement

The service was not responsive.

People's care and the associated risks were not always reflected in their care plans. This placed people at risk of harm.

The provider requested feedback from people, relatives, staff and professionals and this was mostly positive. Where improvements were required an action plan was in place.

Is the service well-led?

Requires Improvement

The service was not well-led.

The overall monitoring of the service was not effective; audits were not all reflective or accurate.

Where action was needed to improve the service to people this did not always take place in a timely way.

Maybank Residential Care Home

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 unannounced inspection took place on 5 and 7 January 2016. It was carried out by an inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We did not request the completion of a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six staff including the registered manager, regional manager, care and maintenance staff. We spoke with three people who lived in the home and two relatives. We carried out observations of care and reviewed documents associated to three people's care and their medicines. We reviewed records related the employment of three staff and audits connected to the running of the home.

Requires Improvement

Is the service safe?

Our findings

People's relatives told us the home was a safe place for people to live. One person was able to tell us they felt safe living in the home because there were staff present at night and the staff were nice to them.

On the first day of our inspection we found a few areas that posed a risk to people's health and wellbeing. We found the décor in some areas of the home was not clean, for example there was dust on the skirting boards and spillage marks on some of the woodwork; the drainage hole in the ground floor wet room was dirty and two toilet basins were stained brown in places. Cleaning schedules were in place, and although staff had signed to state they had cleaned all the areas required our observations found they were not clean. On the second day of the inspection we observed that cleaning had taken place and there were improvements to the standard of cleanliness.

Risks to people's safety had been assessed. Records showed recent assessments had been completed which related to the environment and included areas such as water and fire safety. However we found in the kitchen two hot water taps where the temperature was 60 degrees centigrade. One sink had only the hot water tap working, the cold water tap was broken. This increased the risk of injury. On the second day of the inspection a maintenance person was present. They told us one of the sinks was plumbed incorrectly, which meant the cold tap was plumbed with hot water and vice versa. This was rectified, and the broken tap was mended. This meant the temperature of the water was safe to use.

We also noted the door to the oven was not closing properly. This meant the temperature of the oven could not be relied on to be even or consistent. We asked to see records related to the testing of the temperature of food when cooked to ensure it had reached the required temperature to be safe. We found these were not recorded consistently. This meant that staff could not demonstrate food was cooked safely for people to eat.

On the first day of the inspection we noted rubbish in refuge bags were covering most of the path to the outside of one side of the home. Other rubbish including garden waste was present. A hosepipe was unravelled. These all posed a trip hazard to both people living and working at the home. On the second day of the inspection a skip had been hired and the rubbish had been removed. The hosepipe had been rolled up. This reduced the risk of injury.

We asked to see the home's audits which covered such areas as health and safety and the environment. We could see the audits had been completed; however for each of the areas we identified as requiring improvements, the audit recorded "good condition…all clean. Everything in good order." Temperature checks of the water had been taken and recorded but had not identified the problem with the raised temperature or that the hot water supply was in fact plumbed to the cold water tap. The provider took immediate action when we raised our findings with them

Although personal protective equipment (PPE) had been provided for staff it was not always available. Disposable gloves were used when supporting people with personal care. This reduced the risk of infection.

We noted in the communication book that the supply had run out. When we asked the registered manager why this had happened, they explained a senior staff member had the responsibility to order this equipment, and this had not happened. This placed people and staff at risk of infection.

This was a breach of Regulation 12 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager told us the staffing levels were calculated in relation to the funding provided by the local authority and the specific needs of individuals. This meant the local authority carried out an assessment of each person's needs and allocated funding to pay for staff to enable the person's needs to be met. The registered manager told us they thought the staffing levels were suitable, however, there were plans to increase the staffing numbers and recruitment was underway of two additional staff due to the increase in people living in the home.

There were mixed views about whether or not there were enough staff available, one staff member told us they were concerned about the welfare of the people living in the home when staff were supporting people with personal care. Other staff told us this was not a problem as people generally did not require support at the same time. Our observations found people were left for short periods of time whilst staff had to attend to other tasks such as preparing food.

We reviewed the storage and administration of medicines with the registered manager at the home. People's medicines were stored in a locked cupboard. Up to date medicine administration records showed staff had signed when medicines had been given to people. We observed one person being given their medicines. The staff member was thorough and checked the medicines were correct for the right person and the right dosage at the prescribed time. This was overseen by the registered manager, and the observation was recorded. We observed the staff member encouraging the person to take their medicines and telling the person what they were taking.

Protocols for the administration of 'as required' medicines were available. These protocols provided guidance as to when it was appropriate to administer an 'as required' medicine and ensure that people received their medicines in a consistent manner. The protocols described how a person may demonstrate their requirement for the medicine, so that staff knew when it was appropriate to administer it. As the medicines were being administered to people who may not be able to verbally request them this was important information.

People were protected from the risks of the provider recruiting unsuitable staff to work in the service. This was because they carried out the necessary checks to make sure they were suitable to work with people. These checks included evidence of Disclosure and Barring Service (DBS) Checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people in the home.

Staff knew how to identify and report concerns related to possible abuse. The home had a safeguarding adults policy and procedure. This guided staff on how to respond to concerns of abuse. Staff had received training in safeguarding adults from abuse and leaflets with contact telephone numbers for staff and visitors were displayed on a notice board in the corridor of the home.

We recommend that the service consider current best practice on the scheduling and monitoring of cleaning in care homes.

Requires Improvement

Is the service effective?

Our findings

Relatives told us they thought the staff were knowledgeable about their roles. We were told by the registered manager when new staff began work for the service they received induction training in the areas deemed mandatory by the provider. Staff told us they felt they had received sufficient training to carry out their job. The training matrix showed all of the staff had completed the required e-learning training. However, records showed only two staff member had received up to date face to face training in moving and handling training. This was important as staff were required in their role to assist people to relocate from one position to another. Without face to face training and with no competency checks in place, the provider was unable to demonstrate that staff knew how to carry out moving and handling techniques safely. We discussed this with the registered manager, who told us training was planned for staff, however, records showed this was not until June 2016 and not for all the staff team. This placed people at risk of harm.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records indicated staff received support from the registered manager through regular supervision and appraisals. Documents showed this allowed both parties the opportunity to reflect on the performance of the staff member and where appropriate to develop plans for improvement. It also allowed staff to raise concerns or questions and to suggest improvements in how care could be delivered. A staff member told us they felt appreciated by the registered manager who commented positively on the work they did. However one staff member told us they did not always feel credit was given to staff for doing a good job.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where restrictions were in place to maintain people's safety documents showed appropriate DoLS applications had been sent to the local authority for authorisation. We saw that when medicines were administered covertly to a person who lacked capacity to decide whether or not to take the medicine, a
protocol was in place. This meant the medicine was hidden in food otherwise the person would not take it. We read a GP and social worker's letter approving the covert administration as this was in the person's best interest.

Staff received training to understand the MCA and DoLS. The staff we spoke with showed a limited understanding of how the Act applied to their role and the care being provided. Records showed the

provider had issued the service with an assessment pack as a tool to assessing people's mental capacity. However, the information in the pack was not clear. It directed staff to assess the person's ability to make day to day decisions about "functions of daily living" such as what to eat and oral care amongst others.

We found the forms had been completed but the information recorded was not time or decision specific. For example, one form had been completed to assess the "functions of daily living" not the individual decisions such as whether the person could decide what to eat. This meant it was not in line with the Mental Capacity Act Code of Practice. Furthermore, we read documents such as contracts had been signed by people who we were told by the registered manager did not have the mental capacity to understand what they had signed. No mental capacity assessments had been completed for these decisions. We read in one care plan a person had been offered a medical screening appointment. We asked the registered manager if the person had attended the appointment. We were told the person did not wish to attend. We asked if the person had the capacity to make that decision, we were told they did not. No assessment had been completed, and no best interest decision meeting had been arranged. This meant where people lacked the ability to make decisions for themselves, the provider had failed to act in accordance with the MCA.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their hydration and nutritional needs. Where people required support with eating or drinking this was provided by staff. We observed how people were supported with their lunch. Food was prepared in line with people's care plans. Where people required food and fluid to be thickened or pureed this was done to reduce the risk of choking. Where people had difficulties with food and drink specialist advice was sought from a speech and language therapist and their advice was being followed. Menus were designed with people's likes and dislikes in mind. Where people did not like the food provided alternatives were offered.

People were supported to maintain their health through regular contact with health professionals. On the second day of our inspection one person had received a visit from the community psychologist to check their mental health. We saw care plans were written to support people's health and general wellbeing. Appointment with opticians, hospitals and GP's were recorded. Each person had a Patient Passport. This recorded relevant information required by hospital staff should a person be admitted, information included next of kin and health information. This ensured people's individual needs would be known by staff supporting the person in hospital.

Good

Is the service caring?

Our findings

Relatives told us they thought the staff were caring. One relative described the care provided as "Quite exceptional." They told us the service provided "The most caring care I could wish for, the staff are so compassionate and caring….they do a great job, everything they do is very much done to the best of their ability."

People's care plans included areas such as communication. From our observations we saw staff knew how to communicate effectively with people. We saw staff interacted with people in a positive and sensitive way. Staff clearly knew about the needs of people and treated people with compassion. For example, we saw one person became upset because they were anxious, staff immediately intervened and offered appropriate reassurance which calmed the person quickly.

There was a good rapport between staff and people, who appeared relaxed in the company of staff. They knew the importance of encouraging people to be as independent as possible. A staff member told us how they involved people in the different aspects of their care, for example people being able to decide what they want to do and when. We observed a person being offered choices about what they wanted to eat for their lunch. The options were put in front of them and the staff member asked the person to indicate which option they wanted. The staff member used a reassuring tone and repeated to the person "Take your time." They showed patience and understanding and allowed the person the time they needed to make their decision.

We observed staff being courteous to people and asking permission or telling a person what they were going to do before doing it. People were treated with respect by staff this was evident in the way staff addressed people by their name and their interactions were friendly and respectful.

Staff knew how to protect people's dignity and privacy. They told us they knocked on people's doors before entering and closed curtains and doors when supporting people with their personal care. One staff member told us they would also give people time and space when they needed it.

People were encouraged to be as independent as possible. One person told us they helped with the cooking, and we saw another person being supported by staff to help clear unwanted items out of the garden shed. Staff gave examples of how they supported people's independence and how they encouraged people to be involved in the running of the home.

People's relatives told us they were kept up to date with events in the home and with any required changes to the care being provided. When they spoke to staff and management they felt their views were listened to and acted upon. One relative who lived a distance away and was not able to visit the home regularly told us when a review of the care took place they were sent a copy of the review report. A relative of another person told us they were kept informed of any health changes that occurred and any consultations that took place with the GP. They were invited and attended review meetings which they felt were useful.

Requires Improvement

Is the service responsive?

Our findings

Care plans included people's identified needs and how they should be met by staff, for example, how to help maintain people's health needs. However, one person slept on a pressure relieving mattress. This was used to protect their skin from damage. We observed the mattress was in place but there was no guidance in the care plan as to the how to set the required firmness of the mattress. There was no risk assessment or care plan in place related to the person's skin care. There was also no records of checks being carried out to ensure the mattress was working correctly. Records showed staff were recently concerned about the person's skin when redness had developed; they had taken the appropriate action by contacting health professionals for advice. We were told by the registered manager the advice had been followed and there was no longer a concern. We asked about the pressure mattress and questioned why there was no care plan or risk assessment in place to guide staff. The registered manager told us the mattress was serviced once a year and the company set the firmness. As this was not recorded it would be difficult for staff to know what the required setting was or to notice if it was accidently changed. This placed the person at potential risk of skin damage.

A record of people's preferences, likes and dislikes were included in their care plans, this enabled staff to ensure people were happy with the care being provided. Through our observations and discussions with staff they demonstrated an awareness of people's preferences, what people were able to do and what they needed support with. Risk assessments were in place to guide staff on how to minimise the risk of harm to people, these included areas such as choking and medicines amongst others.

In order to assess the quality of the service the provider sent questionnaires to people, relatives, professionals and staff. Documents showed where areas needed further improvement or development an action plan was in place.

The home had a complaints policy and procedure. Staff knew how to respond to complaints and who to notify should they receive a complaint. Relatives told us they had not had to make complaints. The home had a complaints log but there had not been any complaints received in the last year. We were told by the registered manager if a complaint was received this would be responded to in line with the complaints policy. This would be checked by the regional manager to see if learning or changes were required to prevent a reoccurrence.

Compliments were also recorded. We saw a compliment sent by a relative thanking staff for their kindness and hard work. They commented on the quality of care provided in the home as "excelled excellent," and referred to staff "going the extra mile" for the people they cared for.

People attended activities both in the community and in the home. Some people attended day services, other activities we observed included listening to music and watching DVD's and television. A recent purchase of an electronic tablet with a touch screen enabled a person to participate in a painting game, this was a new innovation and from our observations the person engaged well and appeared to enjoy themselves. We were told by staff other activities included going out for lunch, shopping, gardening and

holding a summer fayre. One member of staff told us they were keen to develop new activities for people something which the registered manager supported. This reduced the risk of social isolation for people. People's relatives and friends were also welcomed in the home. The day prior to the inspection a house party had taken place to celebrate a person's birthday. The person told us they had enjoyed the party.

We recommend that the service consider guidance on the use and management of pressure relieving equipment and take action to update their practice accordingly.

Requires Improvement

Is the service well-led?

Our findings

People's relatives told us they thought the home was well managed one relative described the registered manager as "amazing."

The current registered manager had been in position for eight months. They were supported by the locality manager. Records showed the overall monitoring of the environment of the home had taken place, however where improvements were needed this did not always happen. For example, staff used a communication book to record information other staff needed to be aware of or where action was required. We noted staff had recorded in the communication book the kitchen tap was broken on the 15 December 2015. It was only when we pointed out the broken tap on the first day of the inspection that it was mended. We also noted in the book that there was no protective personal equipment for staff to use on 27 December 2015. When we discussed this with the registered manager they told us it was the responsibility of a named staff member to ensure there were sufficient stocks in place and to re-order when necessary, this had failed to happen on this occasion. We also found the environmental audits and the health and safety audits did not highlight the concerns we found during this inspection. Again this was the responsibility of a staff member, but the registered manager had not checked that the information on the audits was correct.

Other areas that had not been addressed included record keeping for food temperatures, cleanliness of the home and the need for redecoration. We noted the staff had commented in the staff questionnaire about the need for redecoration, some areas had been redecorated but not all the areas that required it.

We saw that the assessment, monitoring and mitigation of the risks related to the health, safety and welfare of people and others in the home had not been completed accurately and in sufficient detail to protect people from harm.

This is a breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks regarding the safety of equipment such as gas safety certificate and portable appliance testing had taken place. Control of substances hazardous to health audits had been completed along with an infection control audit. An annual statement on infection prevention and control had been completed in December 2015. The record showed there had been no outbreaks of infection in the last year. There was a fire safety risk assessment in place and regular fire drills were carried out along with testing of the fire equipment. Each person had a personal emergency evacuation plan in place so that staff knew how to support them in an emergency situation. A contingency plan was also in place in the event of an untoward event such as flooding which may require people to move out of the home. This aimed to ensure people would be kept safe in the event of an emergency.

The provider had in place a set of values, a vision and a mission statement for their services. Their website stated these were written following consultation with staff and people who used the services they provide. These included a focus on hard work, compassionate care and an excellent work force, who were trained and supported to provide high quality support to people. We read in the staff questionnaire that staff were

aware of the values of the organisation, it was evident to us during the inspection the attitude of the staff we observed and spoke with reflected both hard work and compassionate care.

Staff told us on the whole they felt supported by the manager and they were approachable. Although one staff member told us when they raised concerns with the registered manager they were not always responded to. There was an open culture in the home, where staff felt able to raise concerns and to use the whistleblowing procedure if required. Staff appeared to work well together and there was a positive attitude in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed act in accordance with the Mental Capacity Act 2005. Regulation 11(1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises and equipment because of inadequate maintenance checks and audits. Appropriate training and competency checks had not taken place for staff. Regulation 12 (1) (2) (a) (b) (c) (d) (e) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Regulation 17 (1) (2) (a) (b) (c) (d)