

Maxey House Limited

Maxey House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Maxey House is a residential care home providing accommodation and personal care for up to 31 people. At the time of our inspection there were 21 people using the service in one adapted building over two floors.

People's experience of using this service and what we found

People lived in an environment that needed some redecoration and the garden did not provide a pleasant and peaceful outlook. The provider provided an improvement plan following our inspection.

Accident and incidents were recorded but had not always been analysed to look for trends and themes.

Staff understood the different types of abuse and who they should raise any concerns with. People were supported by staff to access health care professionals when required. People were supported by enough staff who had received training to ensure they had the skills required to care and support people who use the service. A formal induction for agency staff was not in place, although the agency staff currently working at the service have been there for some considerable time and knew people well.

Care records did not always reflect people's care need and some risk assessments were put in place during the inspection. Staff were knowledgeable about people's needs.

Staff had been trained in the administration of medicines. People received their medicines as prescribed and the administration records were well kept.

People told us they were happy with the care they received and had no complaints. One person said, "[Maxey House] is home now and I am happy to be here." Another person told us, "I am physically and mentally better in the last 3 or 4 months than I have been in the last 7 years. I don't regret the decision to come here"

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was good, published on 9 January 2020

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, environment and poor food. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see all sections of this full report.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Maxey House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This unannounced inspection was carried out by one inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Maxey House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maxey House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 seven people who used the service about their experience of the care provided. We spoke with the manager, the provider and four members of staff. We observed how staff supported people in the communal areas.

We reviewed a range of records. This included three people's care records. We looked at a variety of records relating to the management of the service, including complaints, the service improvement plan and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had their individual risks assessed to help promote their safety. We noted that one person had not had a risk assessment completed for blood thinning medication. However, this was completed prior to the end of the inspection. Staff were aware of the risk. We observed staff supporting people safely and patiently and reminding them to use their walking aids. One person said, "Staff do use a hoist thing to move me around. I feel okay with it. Staff tell me what they are doing."
- Accidents and incidents were recorded however, the manager had developed a form that was not implemented at the time of the inspection to ensure themes and trends identified were actioned where necessary.
- The manager told us, and staff confirmed that any learning is discussed at team meetings. For example, when someone had a fall, they discussed the importance of reminding the person to use their walking aid.

Staffing and recruitment

- Staff and people, we spoke with felt that they had enough staff to ensure people needs were met. One person said, "They do seem to have enough people. They have been replacing the ones that have left and will sometimes have agency staff in." Another person told us, "If you ring your bell staff come pretty quickly. I haven't had any problems with that."
- The manager told us they had a shortage of permanent staff, but recruitment was on going to get some more care staff in place. They were using agency to meet the shortfall and request the same staff so for consistency. One person told us, "They do seem to get good quality agency staff here. For the first 2 or 3 days they will shadow a regular member of staff and will be briefed by a Senior and the Manager."
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home. This included a criminal record checks and references from previous employers.

Using medicines safely

- Medication was managed, stored and administered safely. One person said, "The staff take care of all my medication for me. It is only the senior staff that are qualified to do it. It is good for me because I don't have to keep remembering to take it. I haven't had any issues with it." Another person told us, "Staff deal with all my medication. I know what I am taking, and it is always on time"
- People had detailed plans in place with regards to medicines they needed as and when required [PRN]. One person who received their medication covertly, did not have a plan in place that showed the action that could be tried before being administered covertly. Although this was put in place following our inspection. Staff were able to explain how the medication is given and a discussion had taken place the GP.
- Controlled Drugs were stored safely, in line with policy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person said, "You can see for yourself that staff keep the place clean."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We discussed the visiting arrangements with the manager as they still had a booking system in place. The manager will review the practice in line with guidance and their own risk assessment.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be relaxed and comfortable in the presence of staff. One person said, "I feel perfectly safe here." Another person told us, "Being here has given me the safety net and security to continually recover."
- The provider had systems and processes in place to help protect people from the risk of harm and abuse.
- Staff had received safeguarding training and knew what to do if they identified any concerns. All staff knew and understood their responsibilities in relation to safeguarding. One member said, "I would report an unexplained bruising to the manager. I am confident they would follow this up."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- All but one person's needs had been fully assessed prior to them moving into Maxey House. (This had occurred prior to the new provider taking over the service). The manager had identified that this person had not been assessed and they were in the process of seeking additional support to meet this person needs.
- People's care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- Records contained evidence of referrals made to external professionals to ensure people's needs were met.

Staff support: induction, training, skills and experience

- Staff told us they received training both face to face and e-learning to ensure they are able to meet people's needs.
- Staff had received training when they first started working at the service and this was updated as necessary. New staff shadowed experienced staff until they were confident to work alone and had been deemed competent. We did note that agency staff did not have a formal induction in place. The manager told us they would put one together. All agency currently being used had been at the service for some time.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice and access to enough food and drink throughout the day. Although there were mixed views on the menu. One person said, "I think the food is good. We get a choice and certainly get enough to eat. They come around with drinks and you just have to ask if you want more." Another person told us, "If you like that sort of food it is okay. I don't always like it." A third person commented, "The food is great, it is ordinary food. I like to have a salad and I can always find something I like."
- Where required, people received support with eating and drinking at a pace that suited them. Staff were aware of people's dietary needs. They monitored people's intake to make sure it was sufficient to maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend appointments with health professionals such as GPs and hospital outpatient appointments.
- Staff told us they ensured people had the support they needed if healthcare was required. Referrals were made as necessary for example, to a dietician. The chiropodist was visiting the service on the day of the inspection. One person said, "If you need the Doctor staff will call them out for you."

- The manager worked closely with other professionals to ensure people received effective care and made sure any advice received was used to improve their care.

Adapting service, design, decoration to meet people's

- There was some signage around the home to assist people to orientate themselves to the building.
- The service was in need of some re-decoration. Paint was peeling around window frames, skirting boards and walls. One person told us, "The building could do with a bit of tidying up."
- The garden area was overgrown in some areas and did not create a pleasant and peaceful outlook. The provider told us they had employed a gardener but they had recently been let down and would continue to try and recruit another gardener.
- People's rooms had many personal belongings in them to support them to feel at home.
- Following our inspection, we received a redecoration plan from the provider, this outlines the improvements planned over the next year.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where needed, DoLS had been applied for to ensure that people were kept safe.
- Staff ensured that people and/or their relatives were involved in decisions about their care.
- Where people were assessed as lacking capacity to make a certain decision, staff worked in their best interest.
- Staff were able to tell us all about the MCA and the principles that had to be considered when assessing a person's capacity to make a decision. Staff also told us how they always tried to offer people choices. One person said, "It is up to me what time I get up and go to bed. I can choose where to sit and what to do so yes I can be independent and do what I want."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and we saw that interactions with staff were warm. For example, we saw that staff noticed when people were falling asleep and they checked the person was comfortable.
- Staff knew how to support people when they seemed distressed or needing reassurance. One member of staff was observed suggesting to the person which way to go, the staff spoke to the person in a calm and kind way even having to remind them several times the way to go.
- People's individual needs including their equality and diversity was assessed. Equality and diversity training was provided to staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people and offer them choices, and we observed them chatting, which increased people's sense of well-being. One person told us, "I have discussed my care plan and know what is in there. Staff are constantly checking things with you." Another person said, "We are well looked after, and staff will help with anything you need."
- Staff told us how they supported people to make everyday decisions. For example, they showed them several choices of clothes to wear. They also plated the food options up to show people so they could choose what they wanted to eat.
- People could choose where they wanted to spend their time and their decision was respected.
- There was evidence within the care files of people's involvement in care planning and reviews, where they had capacity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Overall people's care plans contained basic history, likes and dislikes. The manager told us that care plans for most people required additional information and updating to ensure they received consistent and up to date care. However, staff were knowledgeable about people's needs and how they liked their care needs to be met.
- People told us their friends and family were welcome to visit when they wished.
- We received mixed views about activities that took place. One person said, "I find it a bit boring here. Nothing much happens. I like gardening but you can only go out there if you have someone with you. I would also like to go sightseeing and be taken out more." Whilst others made comments such as, "We have singers, games, puzzles, musicians and a lady comes twice a week to do exercises with us." "I think they do very well with things. We have just started doing games and doing more things. I don't get bored."
- There were no activities happening on the day of the inspection as the chiropodist was visiting. Staff told us they were arranging to get people out into the local community and that activities would happen in the afternoon based on people's choices. People choose things like a quiz, a singalong. Some people just like to read.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager told us that information could be provided in different formats if it was required.
- People were wearing their communication aids such as glasses and hearing aids.

Improving care quality in response to complaints or concerns

- A system was in place to record and monitor complaints. No complaints had been received since the provider had been registered.
- People were knowledgeable of the complaints process and felt confident that concerns would be listened to and resolved. One person told us, "I haven't complained about anything, but I would be happy to speak with the Manager. She is the sort that will resolve any issues. We bring things up in our meetings if we have any problems." Another person said, "I don't have any complaints, but I would speak to

(manager) if I needed to"

End of life care and support

- The manager and staff told us they work closely with relatives and healthcare professionals, including GPs to support people at the end of their life. One person was on the end of life pathway. Their wishes were included in the care plan
- People were supported to make decisions about their preferences for end of life care. This included Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR). Professionals were involved as appropriate. One member of staff told us, "We would always try to care for the residents here at their home if this is their wish."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements were required in the governance systems which were in place. For example; more detailed analysis of falls to identify trends and patterns.
- People's records in relation to their care were not always accurate and up to date.
- The registered manager cancelled their registration in January 2022, and we had not received a notification about the management arrangements in place.
- The manager and director were open and honest about the improvements which were needed.
- Following our inspection, the manager and the director had developed an improvement plan to address the concerns raised by the inspection and the redecoration plan for the service.

The above demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

A condition of the providers registration is to have a registered manager in post. Whilst the provider has recruited to the post of manager. We have yet to receive an application form for them to become registered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the duty of candour responsibilities and ensured where needed information was shared with the relevant people.
- Staff felt positive about the culture of the organisation and valued by the management team.
- People knew who the manager was and told us they were approachable. One person told us, "I think the change of Manager has been very beneficial to the running of the home. The Manager is continually tweaking things for the better." Another person said, "The [manager] is lovely, everyone here is nice."

Continuous learning and improving care

- The provider was keen to continuously learn and improve care. Weekly meetings with the director and staff to discuss improvements were held.
- Staff we spoke with were optimistic. They felt as a team they supported each other and were working well together.
- Opportunities to work closely with some external health professionals had been limited. Reviews and meetings had taken place on- line. The service was keen to re-establish partnerships with professionals

following the COVID-19 pandemic.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Peoples and their relatives were encouraged to share their views of the care and support through various means including surveys and resident meetings. One person said, "If anyone makes a suggestion staff/manager will act on it. You can talk to any of the staff about things." Another person told us, "I am able to express things on behalf of the residents and they appreciate that. This has made me feel valued. I had loss my sense of self-worth and this has helped me to get it back."
- Staff told us they received regular supervision and were positive about the support provided by the manager. One staff member said, "The [manager] is really supportive of everybody."
- The service had a good working relationship with the local authority. They worked in partnership to achieve good outcomes for people using the service both on a long and short-term basis.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to monitor and improve the quality of the service were not fully effectively which meant people maybe at risk of receiving a poor service.</p> <p>Regulation 17 (1)(a)(b)(c)</p>