

The Regard Partnership Limited

Maybank Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Maybank House is a residential care home for adults aged 30 and over with autism and complex needs. The service is able to support up to six people. There were five people using the service at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large detached house with six spacious rooms situated on both the ground floor and first floor. There were communal areas for people to socialise in including a living room kitchen and dining area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People we spoke with told us they enjoyed living at Maybank House and they were happy. Comments were, "Staff have helped me through a lot they are better than the other place and "I am happy here I can choose where I go and what I do".

People received their medicines as the prescriber intended. Where people required their medicines administered covertly; guidance was in place together with best interest decisions.

Staff we spoke with told us they had received training in safeguarding and knew what action to take if they suspected people were being abused.

Risks associated with people's support needs had been identified and actions taken to minimise risk. Care plans reflected people's care needs, including specific dietary needs.

We observed kind caring interactions between staff and people using the service. People were supported to attend outside healthcare appointments when required.

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.

Staff received an induction when they first joined the service and regular training was completed and refreshed when needed. Staff told us they were supported and received regular supervisions.

People were able to access the community and had a range of in-house activities to do during the day. People told us they went out most days to day centres or shopping with members of staff. One person volunteered at a local shop.

There was a complaints procedure in place, and we saw complaints were responded to according to the providers policy. There were no complaints at the time of our inspection.

The provider had an auditing system in place. Accidents and incidents were documented and reviewed as necessary.

The service applied the principles and values (consistently) of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 this service was good (published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Maybank Residential Care 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with three people using the service and contacted three relatives by phone about their experience of the care provided. We were not successful in receiving a reply from the relatives at the time of writing this report. We spoke with five members of staff including the registered manager and the regional manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included each person's medicine record and each person's care plan. We looked at five staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the way the service was run.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Medicines were stored and administered safely. Each person had a cabinet in their room which was locked and secured to the wall. Staff recorded medicine storage temperature daily we saw these were within safe parameters. Medicine profiles of each person was in place and reflective of their current prescribed medicine. One person was given their medicine covertly we saw a best interest meeting had taken place to ensure all parties agreed with this practice. The registered manager completed monthly audits to identify any discrepancies.
- We viewed each person's medicine record and saw these were completed correctly and had no missing signatures. Staff recorded the opening date of medicines when they were first opened.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from abuse. Staff we spoke with were knowledgeable about safeguarding people from abuse and knew what action to take to keep people safe. Staff were able to tell us where policies and procedures were kept and told us they had a whistleblowing policy. A safeguarding procedure was displayed in the office for staff to refer to.
- Safeguarding incidents were reported, and action taken as necessary.

Assessing risk, safety monitoring and management

- Risk assessments were in place to minimise risks to people. Care plans provided staff with guidance how to manage risks. People had detailed personal emergency evacuation plans (PEEPs) in place in the event of an emergency. Health and safety checks were in place to ensure the premises were a safe place to work and live.

Staffing and recruitment

- The provider had systems in place to ensure sufficient numbers of staff were available to meet people's needs. The service was fully staffed, and agency staff were not used. If there were any additional planned activities additional staff were available. Staff rotas were completed on a three to four-week basis and took into account any schedules, appointments and chosen weekly activities. The service ensured a driver of the services vehicle was on duty to transport people to appointments or regular day centres.
- The provider's recruitment policy ensured that new staff were suitable to work in the service. The checks carried out included a criminal record check and references from previous employers.

Preventing and controlling infection

- The environment was cleaned to high standards. The service had recently had the kitchen refurbished. Staff told us they carried out cleaning duties. People were encouraged to keep their rooms clean and tidy. Staff had access to personal protective equipment such as gloves and aprons when attending to people's personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends. Action was taken to prevent the risk of further occurrences. When incidents occurred, this was discussed during team meetings with staff to ensure steps were taken to prevent further incidents.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs had been assessed prior to moving into the service. Care plans were developed with people and ensured their preferences and diverse needs were met which included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- Care plans reflected people's current support needs these included areas such as challenging behaviour and epilepsy. Health passports were in place to provide other healthcare professionals important information about people's health and communication abilities.

Staff support: induction, training, skills and experience

- New staff completed an induction process to enable them to be competent in their role this included shadowing a senior member of staff. Training was both class room based and eLearning. Staff told us the training equipped them to support people effectively. The majority of the staff team were long standing which was beneficial to people being supported. Staff had built a good rapport and knowledge about people's preferences and support needs.
- The training matrix we viewed showed an overall compliance of eighty two percent.
- The registered manager was in the process of completing their level five in Health and Social Care.
- Staff told us they received regular supervisions. The supervision matrix confirmed this.
- People we spoke with told us staff knew them well and were knowledgeable about their support needs.

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

- People were involved in planning and preparing their meals. Menus were planned in weekly meetings; picture cards were used to support some people. Alternatives were available if people did not like what was on offer.
- People who were at risk of choking had been seen by the speech and language therapists (SALT). We saw one person who was at risk of choking had their food cut up into small pieces. This was also recorded in their care plan.
- The service had a five-star food hygiene rating.

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

- People had access to appropriate health care professionals. We saw evidence that people were supported to attend appointments. This included dental appointments and visits to GPs when required.

Adapting service, design, decoration to meet people's needs

- The service was designed to meet the needs of people who lived there. Each person had a spacious bedroom with communal areas to socialise in, including a living room, kitchen and dining room. People could decorate their bedrooms as they wished. We saw rooms were decorated to suit individual tastes. In addition, there was a good-sized garden with patio and lawn areas. A ramp to the front of the service enabled easy wheelchair access if required.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that the service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met. The service had made applications to the local authority before their DoLS authorisations had expired.
- Staff told us they always gained consent from people before they carried out any interventions. This was confirmed when we observed interactions during our inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were treated with kindness and compassion. We observed kind caring interactions between staff and people. Staff responded appropriately when people showed anxiety or emotional distress. We saw during the music therapy session one person became anxious and staff responded appropriately to settle the person. The member of staff told us the person wanted a particular instrument to be played and this was their way of demonstrating this.

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

- People made every day decisions about their care and support. People chose when they got up what they wanted to wear and how they wanted to spend their day. People received care from staff who knew them well and understood their history, preferences and goals. The relationship between staff and people demonstrated dignity and respect.
- In the community staff had strategies to minimise the risk to confidentiality where support was provided informally. For example, day centres.
- Families were involved in their relatives support where appropriate and we saw evidence of this in care plans we viewed.
- Meetings took place with people using the service on a regular basis to ensure they could voice their opinions about the service.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy was upheld within the service. Staff told us they made sure doors were closed when delivering personal care. Interactions we observed demonstrated staff supported people in a person-centred way and gave them choice and independence.
- People were encouraged to be as independent as they could be. We were told people helped with room cleaning shopping and cooking.
- One person told us how they helped organise the food shopping and compared prices to get the best deal.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care planning was focused on the person's individual preferences including their goals skills and abilities and how they prefer to manage their health. This included health action plans and health passports which provided other healthcare professionals important information about a person's health and communication abilities.
- One person we spoke with told us they contacted the local surgery when it was time for their regular injection.
- People's choices wishes and preferences were reflected in the care plans we saw. Care plans provided clear accurate information for staff about people's support needs. Families were invited to review meetings if they were involved in the individuals care.
- One person told us they did not want their family to be part of their care. Staff told us they made sure the views of the person were respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified and met the needs of people who had sensory loss or were non-verbal. We saw one person had a communication passport, picture cards were used to communicate with them. Easy read picture posters were seen throughout the service. One person was an advocate for people who were non-verbal.
- People who used the service knew about and had access to advocacy support and the service had links to local advocacy services. We were told two people using the service had an advocate. An advocate seeks to ensure that people are able to have their voice heard on issues that are important to them.

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

- People were supported to participate in a wide range of activities including music therapy and gardening. We observed music therapy on the second day of our inspection. We saw people were engaged and thoroughly enjoyed the session.
- People were encouraged to increase their independence by completing daily tasks such as meal preparation. People were supported in securing education, work and volunteering. One person obtained a level one award in 'Preparing to Work with Children'

- People participated in local community activities such as arts and crafts and disco nights with local authorities.
- The service offered opportunities and space for people to have time alone or time with family and friends.

Improving care quality in response to complaints or concerns

- People were given an easy read pictorial complaints and whistle blowing procedure to follow to ensure they could raise their opinions and concerns. For non-verbal people an advocate within the service had been appointed to speak up and raise any concerns on their behalf.
- There were no complaints at the time of our inspection.

End of life care and support

- People's preferences and choices for the end of life were documented. There was no one receiving end of life care at the time of our inspection.
- Staff were aware of national good practice guidance for end of life care. The service was able to receive support from community nurses when required.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

We made a recommendation that the service considers best practice in relation to quality audits and takes action to update their systems and processes accordingly. Improvements had been made.

- Governance systems monitored the quality of the service. Audits in relation to health and safety, care plans and medicines were carried out and where improvements were identified action had been taken to address these. The regional manager completed annual quality inspection audits.
- The registered manager was open and honest about improvements that were required. They told us the current care plan format was in the process of being changed and updated to reflect the integration with another organisation.
- The registered manager was clear about their responsibilities around the duty of candour.
- Legal obligations were understood and met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed working at the service. One member of staff said, "We are a good team and most of us have been here a long time". Another member of staff told us [Registered manager] is good we can always speak with them with any issues or concerns. This is a good organisation to work for."

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

- The provider had systems in place to engage and involve people and staff in the service. Records showed that meetings took place with people and their families. The organisation had two other services nearby which were referred to as 'bubby homes' on special occasions such as birthday parties, invitations were exchanged.
- Surveys were sent out to families to gain feedback about the service. The service involved external stakeholders in a consistent way.
- Processes were in place to enable the service to monitor the actions and behaviours of staff.
- People were supported to access community services and the provider had links with key organisations such as local day centres. The service was situated near to bus stops and the local shopping centre which

was easily accessible for people.

- The service promoted an open-door policy and encouraged relatives and friends to visit whenever they wished to.

The registered manager was keen to discuss lessons learned with staff both formally and informally. Quality checks ensured the service provided was safe and effective.