Maybank House Limited

Maybank House

Inspection report

588 Altrincham Road
Brooklands
Manchester
Greater Manchester
M23 9JH

Tel: 01619986566

Date of inspection visit:
17 November 2015
19 November 2015

Date of publication:
17 March 2016

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

We carried out an inspection at this service on the 17 and 19 November 2015. The home was last inspected on 3rd July 2014 and was non-compliant in outcomes relating to the care and welfare of people who use services, assessing and monitoring the quality of service provision and records.

Maybank House is a care home providing personal care and accommodation for up to 25 older people. No nursing care is provided. On the day of inspection there were 18 people living in the home.

Maybank House is a large detached property set in its own grounds located in the Brooklands area of Altrincham, Manchester. Accommodation is over two floors with both single and shared rooms. Communal areas include three lounge areas, a dining room, toilets and bathrooms. The home has recently benefited from the refurbishment of bathrooms on the ground floor and there is a small bathroom dedicated as a hair salon on the upper floor. There is a large garden to the rear of the house which people can easily access. One person told us they liked to walk around the garden and we saw them using the garden on a number of occasions during our visits.

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.

We could see prior to undertaking the inspection that an application had been made by an individual to take on the role of registered manager. This individual had been acting manager of the service for over six months and we could see that this process was on-going at the time of the inspection. On the days of inspection unfortunately this person was not available therefore we spoke with the owner of the service and the deputy manager.

Due to the absence of the acting manager the owner of the home found it difficult to locate some documents and files relating to the running of the service. There was a lack of organisation with regards to record keeping in the administration office although requested evidence was eventually produced.

There were sufficient numbers of staff on duty to meet the needs of people living in the home on the days of our inspection, although the rota did not always accurately reflect who was on duty and at what times. This was rectified before the end of the inspection as the owner produced a revised rota template. We saw that the service managed staff absences and covered shifts internally.

We found the home had suitable internal safeguarding procedures in place designed to protect vulnerable people from abuse and the risk of abuse but there was no copy of the local authority's multi-disciplinary procedures on site. Whilst some plans had been put into place to help reduce or eliminate identified risks not all had been addressed and therefore people were not always protected from the risk of harm.

Recruitment records we sampled demonstrated that staff had been safely and effectively recruited. Personnel files reflected that the necessary employment checks had been made before recruiting people to the service.

There was a safe system in place for the ordering and receiving of medications into the home. Medicines for administration, including controlled drugs, were stored securely although medicines waiting to be returned to the pharmacist for disposal were not stored securely. Controlled drugs that were no longer required were still on site and there was no system in place to ensure that these were disposed of promptly and in an appropriate manner.

The home had mechanisms and processes in place to support the prevention and control of infections however not all staff practised good hand hygiene when undertaking their caring role.

Staff had received training around the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards but their knowledge in these areas was limited. The home could evidence that applications for DoLS authorisations had been submitted to the relevant authority.

Staff displayed good knowledge around diet and nutrition and were able to outline what actions they might take in the event a person suffered a weight loss.

We saw that staff had developed caring and compassionate relationships with people living in the home. They allowed people to maintain their independence wherever possible and supported them when needed.

Some systems were in place to allow people the opportunity to feedback about the care and treatment they received. We saw responses from people living in the home and their relatives to questionnaires issued in June 2015. We saw that the majority of this feedback was positive alongside suggestions for additional activities.

The service had been awarded the Investors in People award in 2015 however staff we spoke with did not feel supported by management. Not all aspects of the service had been audited and therefore improvements in service delivery had not been identified.

We found a number of breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 relating to the management of medicines, inadequate risk assessments relating to people's health and wellbeing, inadequate care records and governance of the service.

The overall rating for this service is 'Requires Improvement.' You can see what action we have 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 always safe.

Staffing levels were adequate and managed during periods of staff sickness

Not all risks had been identified and managed appropriately.

Medicines were administered safely but they were not always disposed of safely.

Infection control mechanisms were in place but staff did not always practice good hand hygiene.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff received regular supervision. Training identified during these sessions was not always undertaken.

Staff had received training in the Mental Health Act and Deprivation of Liberty safeguards but their knowledge/ understanding of this was basic.

The food was wholesome and nutritious. The lunch time experience was pleasant and clearly enjoyed by people living in the home.

People had access to healthcare services.

Is the service caring?

Good

The service was caring.

People and their relatives said staff had a friendly and caring attitude.

Staff knew people's needs were respectful and treated people with dignity.

Relatives confirmed they were kept informed about all aspects of

care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not person-centred.

Information about the medical condition of a person living in the home was limited. Staff were not well-equipped to deal with any emergencies that might have arisen in relation to it.

Systems were in place to allow people and relatives the opportunity to feedback about the service.

We saw limited physical and mental stimulation for people who used the service. People were left to their own devices.

The provider had systems in place to record, respond and investigate complaints about the service.

Is the service well-led?

Requires Improvement

The service was not always well led

We saw evidence of some quality audits but there was a lack of monitoring within the service. Improvements to service delivery had therefore not been identified and implemented.

Risk assessments relating to the environment of the service were in place.

The home had been awarded the Investors in People accreditation although staff we spoke with did not feel supported by management.

Policy and procedures were in place along with a robust Business Continuity Plan.

Maybank 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 17 November and 19 November 2015. The first day was unannounced. The inspection team included two adult social care inspectors and an expert by experience. An expert by experience is someone who has experience of, or has cared for someone with specific needs. On this occasion the expert by experience had experience of working with older people.
Before the inspection we asked the provider to complete 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. They returned a completed PIR prior to inspection and we took the information contained in this into account when formulating the inspection plan.
Before our inspection we reviewed the information we held about the home and the statutory notifications received since our last inspection.
During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spent time observing care in the lounge area, observed lunch being served in the dining area and saw medication administered during the lunch time meal.

On the day of the inspection we spoke with eight people who used the service, a relative, two members of care staff, a cleaner, the cook, a senior care worker, the deputy manager and the owner, who took an active part in running the home. We also spoke with two visiting healthcare professionals and contacted the local authority who commissioned services with the home.

We looked around the building including in bedrooms, bathrooms, the kitchen and in communal areas. We also spent time looking at records, which included five people's care records, ten medication records, three staff recruitment files, training records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

The eight people we spoke with felt safe in the service. People living in the home told us that they were well looked after, knew staff very well and could raise concerns with them if they weren't happy. A relative we spoke with told us, "I feel I can leave here in the afternoon and not worry."

There were sufficient members of staff on duty to meet the needs of the residents in the home on the days of inspection. Two people were absent due to sickness on the first day of inspection but we could see that other colleagues had been contacted to cover those shifts to ensure the safety of people living in the home. A member of staff we spoke with told us in their opinion there were enough staff on duty and that they had more time to spend with residents.

When looking at the staff rota however this did not accurately reflect the staff on duty and in what capacity. One person included on the rota was no longer employed at the service. Another person was showing as being on shift on a particular day but we were told no longer worked that day. This had been covered on a regular basis but the rota template had not been updated accurately to reflect staff changes. It is a requirement that the staff rota clearly indicates who is working on a particular day and in what capacity so that both management and staff are aware that there are sufficient numbers of people on duty with the correct mix of skills to meet people's needs and expectations. After discussions with senior management on the first day of inspection a new, updated rota was devised showing all staff, staff roles and shift patterns.

Staff we spoke with had a good understanding of when to raise a safeguarding concern. They told us they would have no qualms in raising this with the manager or the owner. Staff were able to provide us with examples of abuse and situations when they would raise a concern using safeguarding procedures.

Staff we spoke with confirmed that safeguarding training was done on line via e-learning and we saw that prior to the inspection four members of staff had undertaken a recent refresher course in relation to the safeguarding of adults. By the end of the second day of inspection 11 out of 17 members of staff had completed the refresher training and all 11 had successfully demonstrated the required knowledge to pass the on-line refresher course.

We saw that the service deemed that safeguarding training was not applicable to members of ancillary staff as this training aspect was marked n/a on the training matrix. The safeguarding of people within the service is the responsibility of all employees and all staff must be provided with a basic awareness of safeguarding procedures. Following a discussion with the owner of the service in the acting manager's absence this was taken on board and we saw from the revised training matrix that the cook had completed their on-line safeguarding training before the second day of our inspection. The staff member confirmed that this was the case and was able to demonstrate relevant knowledge regarding the safeguarding of vulnerable adults.

Staff we spoke with were aware of and had seen a copy of the company's internal safeguarding policy. We saw a copy of this on site however there was no copy of the local authority's multi-disciplinary safeguarding procedures. The only local authority document on file regarding the safeguarding of people related to

children and this was dated 2009 and possibly out of date. .

We recommend that the provider accesses a current copy of the local authority's adult safeguarding procedures so they are aware of when and how to make a referral and what their own responsibilities are with regards to any potential safeguarding incidents or investigations.

The care records we looked at showed that some risks to people's health and well-being had been identified, such as the risks involved with reduced mobility, falls and poor nutrition. We saw care plans had been put into place to help reduce or eliminate the identified risks. There was however, no risk assessment in place for a person who had bed rails in place. People who use the service must be protected against the possibility of unsafe or inappropriate care associated with the use of bed rails. This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that accidents and incidents were being recorded and logged appropriately although the reporting form in use to record accidents contained basic information. We saw that the provider was backing this up in some instances with a body map, recording and indicating any injuries that occurred as a result of the accident. This was noted as good practice and following discussions with the owner they stated that the use of a body map template would be adopted for all future incidents and accidents whether injuries were sustained or not.

We looked to see how the medicines were managed. We checked the systems for the receipt, storage, administration and disposal of medicines. We found that medicines, including controlled drugs, were stored securely and only suitably trained and authorised care workers had access to them. A safe system for the ordering and receiving of medicines was in place.

We checked 10 peoples medicine administration records (MARs) They were filled in accurately and showed that people were given their medicines as prescribed.

The system in place for the disposal of medicines no longer required was not as safe as it should have been. Although records were kept of medicines waiting to be disposed of, we were told they were not kept in a tamper-proof container. We found medicines, including controlled drugs that had been prescribed in March 2015, were still being stored in the controlled drug cupboard. This was despite the medicines no longer being required after that date. Medicines need to be disposed of promptly to prevent them from being in the possession of people they were not prescribed for.

Several of the MARs showed people had been prescribed a pain relief medicine that was to be given 'as required'. We saw there was no personalised information to guide staff as to when they may need to administer this medicine. If information is not available to guide staff about 'when required' medicines need to be given, people could be at risk of not having their medicines when they actually need them.

Two of the MARs we looked at showed there was a handwritten medication administration record that had not been signed by the staff member who had transcribed it and therefore not checked by another staff member to ensure its accuracy. If checks are not made on the accuracy of handwritten entries then people may be given incorrect doses and/or incorrect medication. This could place their health and welfare at risk of harm.

We saw that one person who used the service looked after their own medicines themselves (self-administration). There was, however, no risk assessment in place to find out how much support the person needed to ensure the medicine was administered safely and as prescribed. Appropriate arrangements were

not in place to manage the medicines safely. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that Personal Emergency Evacuation Plans (PEEPs) had been developed for all the people who used the service and indicated to both staff and emergency services what assistance individuals would require to be safely evacuated in the event of a fire.

We were told they were going to be kept in a central file that was easily locatable in the event of an emergency arising. We saw evidence of fire drills undertaken by staff and other safety checks were in place, including emergency lights and fire call points. All portable fire-fighting equipment had had the required annual service by an external company and staff recorded further weekly checks on this equipment.

Staff were able to tell us what actions they would take in the event of a fire and records we looked at reflected that staff had participated in regular, documented fire drills. The owner, when asked, was not able to locate a current fire risk assessment in the absence of the manager. Reducing the risk from fire is an important and fundamental duty in a care home and a fire risk assessment should always be available, reviewed on a regular basis in case of changes that might affect the risk of fire and control measures revisited to see if they are appropriate.

On arrival to the home on the first day of inspection we were shown into a quiet lounge area. The door to this lounge was propped open and we noted that a face cloth was being used inappropriately as a door wedge. This was quickly removed by a member of staff and the door was closed. The propping open of a fire door is an unsafe practice and could put people at risk in the event of a fire.

We recommend that the provider seek advice and guidance from their local fire officer or a qualified individual in relation to fire prevention in care homes.

We looked around all areas of the home and saw the bedrooms, lounge/dining rooms, bathrooms and toilets were clean and there were no unpleasant odours. The provider had on-site laundry facilities, which were adequately equipped. The laundry looked clean and well organised. We were shown the infection prevention and control policies and procedures that were in place. We saw that colour coded mops, cloths and buckets were in use for cleaning, ensuring the risks from cross-contamination were kept to a minimum.

The training matrix indicated that the majority of staff had recently undertaken an on-line refresher course in infection control. Staff we spoke with recognised the importance of helping to prevent the spread of infection and gave examples of how they would do this in their role. For example we saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available and staff hand washing facilities of liquid soap and paper towels were available in bathrooms, toilets, the laundry and the sluice room.

On the first day of the inspection we identified that there was no liquid soap and paper towels in the bedrooms where personal care was being delivered. We discussed this with the provider. On the second day of inspection we saw that liquid soap and paper towels were in place in the bedrooms where personal care was being delivered.

Observations made during the inspection showed us that some staff did not always follow good practice in relation to infection control. We saw a person living in the home approach a member of staff on the first day of inspection. She told the care worker she was having a problem with a scab in her scalp and that flaky skin was an irritation. The person asked the member of staff to remove the offending scab. The interaction

between the person and the carer was light-hearted and affectionate and the care worker did what was requested but we saw that the care worker carried out this action without the use of gloves and they made no attempt to wash their hands following the incident. Poor hand hygiene can contribute to the spread of infection and staff should be reminded about the importance of good hand hygiene.

We looked at three recruitment files and saw that the process was fair and robust and that personnel files were in good order. The correct paperwork was on file in relation to the recruitment process and recruitment records for staff included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for those recently employed by the service. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they felt their health care needs were met. "They help me quite a lot," one person told us. Another person said, "They help me move about as I cannot walk very well." A third person told us, "People who look after us are very good."

A relative told us, "I have no worries at all. They do not hesitate to get the doctor or ring for an ambulance if [my relative] becomes ill."

The care staff we spoke with were able to talk about the individual needs of the people they supported and gave examples of bespoke support provided to people. They were able to name those who required the assistance of two people when being supported to walk, outlined personal preferences of people, noted some of the medications people were taking and knew the reasons for this.

One member of staff we spoke with stated that they were receiving supervision every three months whilst other staff told us that they did not have regular supervision sessions. We saw from the information we were supplied with that supervision of staff had been sporadic and training needs identified with staff during supervision had not been acted upon.

For example one staff member had had supervision with the acting manager in May 2015. It was identified and recorded at this session that the staff member required safeguarding, moving and handling and medication training. A later supervision in August 2015 with the same employee again indicated that mandatory training in safeguarding and moving and handling would be completed. At the time of the inspection in November the training matrix supplied to us reflected that all three essential mandatory training courses had still not been undertaken by the employee. We saw that the employee's personnel file contained relevant training certificates and awards in courses pertinent to the health care sector. These had been gained in a previous employment and included safeguarding awareness, moving and handling and infection control. We saw that the member of staff did possess the relevant skills and competencies for their current caring role, however it is important that people undertake mandatory training with any new employer so they are aware of policies, procedures and best practice pertinent to the service.

The Care Quality Commission has a statutory duty to monitor the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). The aim is to make sure that people in care homes, hospitals and supported living who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their choices.

From our observations and inspection of care records it was evident that some people were not able to consent to the care provided. We asked the deputy manager to tell us how they ensured the care provided was in the person's best interest. We were told that if an assessment showed the person did not have the mental capacity to make decisions then a 'best interest' meeting was arranged. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best

outcome for the person who used the service.

We saw that, where relevant, mental capacity assessments had been undertaken and the outcome recorded in people's care plans. We also saw evidence to show that a best interest meeting had been undertaken for an individual living in the home.

Staff displayed some understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). One member of staff told us that they had attended some training a few years ago and had also enjoyed an in-house training course. This same staff member was aware of best interest decisions taken in the event of a person not having the capacity to make a decision and of the importance of involving family members in the decision- making process. Staff told us that best interest decisions would to taken to ensure someone's safety, with the person's best interests at heart and would be fully documented.

There was evidence that the service recognised the need for consent but this was recorded informally and not always in the right place. We saw, for example, that people had been asked if they wanted the winter flu jab. A list of people who had given their consent to this was recorded in the back of the handover book but we did not see anything regarding this replicated within care plans of those who had consented.

In the absence of the acting manager the owner could not initially locate applications made to the supervising body in relation to DoLS, nor any authorisations that had been granted by them. On the second day of inspection we were able to see that the home had submitted a number of DoLS applications and could evidence two standard authorisations with no conditions attached.

All the people we spoke with all said the food was good. Choices were offered in relation to food which consisted of a main, hot meal of the day, hot snacks or salads, soups and sandwiches. People were asked their preferences in the morning and then reminded at mealtimes. We observed staff willing to offer alternatives at short notice and also ask people if they wanted any additional helpings once they had finished their meal.

The home had been awarded the maximum score of 5 in relation to the Food Hygiene Standards Agency ratings. We spoke with the cook who was able to demonstrate excellent knowledge regarding the dietary requirements of individuals living in the home. There was information in the kitchen for the cook and other catering staff around those needing a diabetic diet and fortified foods. We could see that there were ample stocks of nutritional shakes and fortified drinks, correctly labelled with the names of the individuals they were prescribed for.

The cook outlined the menu choices on offer and what alternative food choices had been explored. Home-made pizzas had been on the menu the previous week and these had been enjoyed by the residents. Other themed foods included curries and sweet and sour dishes, which would be repeated when requested.

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. Staff were able to give examples about what actions they would take in the event a person was noted to be losing weight. We were told the person would be offered alternative meals; foods and fluids would be fortified with full fat ingredients; supplement drinks would be made available; weight would be monitored on a weekly basis and a referral made to the Speech and Language team if this was felt appropriate.

The care records we looked at also showed that people had access to external health and social care professionals, such as GP's, community nurses, opticians and dentists. This meant that the service was

effective in promoting and protecting the health and well-being of people using the service. We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs and the medication they were receiving would be sent with them.

We spoke with two district nurses who visited the home whilst we were undertaking the inspection. They told us they visited twice daily to administer insulin, take bloods, change dressings and deal with pressure care. They told us that the home followed instructions that they were given in relation to the care and treatment of people receiving input from the district nurses and were pro-active in referring people to the service and often asked district nurses for additional advice and guidance during their visits.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. Aids and adaptations were available in bathrooms and toilets to promote people's safety, independence and comfort. The home did not have a mobile hoist to transfer people as people living in the home did not warrant this level of care. We were told that the home did not provide accommodation and care for people whose mobility was greatly impaired.

Signage around the home was initially small and not very clear for those with dementia but by the second day of inspection this had been improved and communal facilities were well signposted. There were signs in the home indicating the way to the large paved and grassed garden area, easily accessed by people in the home and we saw two people walking round the garden independently on the days of our visits.

Good

Is the service caring?

Our findings

Staff fostered positive, caring relationships with people living in the home and we observed and heard polite and friendly exchanges during the two days we were at the home. We received positive comments about the kindness and attitude of the staff. Comments made included; "They [staff] are really good, really lovely. I have no worries".

We observed staff take time to listen and understand the individuals concerns and then saw staff choosing words carefully in order to try and reassure people. People we spoke with confirmed that staff were polite and respectful. "People who look after us are very good," we were told. Staff were considerate and were always there to help, another person told us. "[They] take me to bed and [for a] bath."

We observed staff moving tables in the small dining / lounge area and asking people to adjust their legs to ensure smooth and safe movement and transfer from seats to wheelchairs. A care worker made sure a person's safety was ensured by tucking in her elbows so she didn't catch them when being transported in a wheelchair. This was done in a caring way with the care worker explaining to the person in the wheelchair what she was doing and the reasons for doing it.

The main meal was served during lunch time. We saw and heard staff promoting and encouraging independence during the meal. Prior to being seated we heard remarks such as, "find the arms of your chair. That's it. Now you can sit back and sit down." People were asked if they wanted to wear a clothes protector during the meal. Those that did were supplied with a material clothes protector in a muted tartan pattern, much more dignified than a plastic apron.

During lunch time people ate independently. Staff were polite and watched from a distance, responding quickly if anyone needed any form of assistance. When clearing plates from the tables there was conversation exchanges and staff checked if people had finished. We heard staff politely ask of people, "Have you had enough?," "Would you like anymore?" and "Did you enjoy that?"

As it was a small home the kitchen was right next to the dining area. We heard an individual expressing their satisfaction by shouting thank you to the chef when walking past the kitchen door after lunch. The chef replied, "I'm glad you enjoyed it [name]."

One visitor we spoke with told us she was kept informed by staff of issues relating to her relative. We were told, "Staff are very friendly. It is not palatial but there is everything you need." The same person told us that if her relative says they have not eaten then they approach the chef who is able to confirm exactly what the person has had to eat all day. Another visitor told us, "If I had any concerns I would speak to any member of staff. They are approachable."

We saw a 'Daisy' plaque attached to the wall in the foyer of the home. The 'Daisy' Dignity in Care is an accreditation scheme operated by Manchester City Council, awarded to providers in recognition of their commitment in upholding the independence, choice and dignity of the people they support. The home had

been successful in achieving this following a series of thorough assessments and evaluations in 2014.

People living in the home told us that they were treated with dignity and respect. "Staff are polite and friendly," one person told us. We saw examples of staff knocking on bedroom doors prior to entering and heard staff speaking pleasantly with people living in the home.

We saw that the communication book was fully accessible for all care staff and contained reminders for staff so that people living in the home were treated in a dignified manner with regards to personal care.

One entry in the book instructed staff to make sure that all gentlemen were assisted to shave daily if this was their wish. Another reminder was to encourage a person to brush their teeth and use mouth wash. We saw that a key worker had purchased flavoured toothpaste to try and encourage a particular individual to maintain good dental hygiene and this was recorded in the communication book.

We asked the deputy manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that no specialised training had been undertaken however staff at the home received good support from the community nurses and from the local GPs who visited the home.

Requires Improvement

Is the service responsive?

Our findings

We spoke with the deputy manager about the assessment process when people were considering moving into Maybank House. We were told that an assessment of people's needs was undertaken so that relevant information could be gathered. This helped the service decide if the placement was suitable and if people's needs could be met by staff.

Information we looked at confirmed that assessments were undertaken before people were admitted to the home. We saw however that there was limited information in the assessment .A through assessment of people's needs, likes and preferences needs to be in place to enable staff to provide the appropriate care and support that people need and want. Although a person's assessment is an ongoing process, the assessment should be used to determine the person's initial care plan. A care plan details the individual care and support needs that a person may have and shows how those needs are to be met by the staff.

We looked at the care records of three people who used the service. Although the care records contained some information to show how people were to be supported and cared for they did not provide staff with enough information about the individual's preferred routines and their likes and dislikes; they were not 'person-centred' care plans.

We found that the care plan of a person who had a specific medical condition did not contain enough information to guide staff in the event of a medical emergency arising from this condition. The care plan of another person did not contain sufficient information to guide staff in the daily care that was required.

To ensure a consistent approach and to reduce the risk of people receiving unsafe or inappropriate care, information must be in place to guide all staff in the care and treatment required. We found that several of the care records were not dated. To ensure that the information contained in the records is relevant the records must be dated.

We found care records were not accurate and did not reflect the care and treatment that was required or provided. This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence in the care records to show that either the person who used the service and/or their family had been involved in their care reviews as care plans were signed and consent given.

There was no activity co-ordinator employed at the home and staff were expected to organise and undertake group sessions and one to one activities. The provider information return (PIR) submitted by the provider stated that an extra member of staff had been recruited to encourage more one to one activities, such as going to the shops. A member of staff confirmed that staffing levels had increased to include an extra carer as outlined in the PIR, but we saw no evidence of any activities on the days we were in the home despite the advertised activities being sing-a-long and crafts.

There was a small salon on the upper floor and the hairdresser was present on one of the days of our inspection. We saw ladies having their hair done and then being served tea and biscuits whilst under the hair dryer. The three ladies we spoke with told us they enjoyed the hairdresser's visits but there appeared less going on for the men living in the home. One gentleman took himself off at regular intervals around the spacious garden but not everyone living at the home was able to do this independently. One person did tell us that they got bored and a trip to the pub would be welcomed.

We saw another person working on a picture in a colouring book and this was shown to us. They enjoyed this particular activity and a member of staff told us she encouraged this activity with the individual. One resident was not able to communicate verbally but expressed themselves by writing things down. We could see that the home had supplied this person with a pad and pens and placed them on a small table within easy reach for the person who was then able to communicate with us.

No one we spoke with indicated an interest in attending or having a church service at the home. A number of people consulted said they weren't bothered and we could not see that any attempts had been made to gauge people's opinions of cultural and spiritual needs. The service had issued satisfaction questionnaires to both residents and relatives and we saw a sample of those that had been returned. Three of the responses featured activities.

On the second day of inspection the owner's dog Lucky was on site. The dog was awaiting official Pets as Therapy (P.A.T.) registration having applied for the scheme and undertaken an assessment process. Pets as Therapy (P.A.T.) is a charity, established in the 1980s. It enables residents in care homes, hospitals and hospices to benefit from the pleasure of contact with suitable cats and dogs. As P.A.T. dogs mix with vulnerable people they must be calm and friendly, with no trace of aggression. We could see that the dog was well-trained and well-behaved, staying with the owner when in the main part of the home. We saw that the people living there enjoyed his visits and the atmosphere in the lounge area lifted when the dog entered the room. He was a topic of conversation.

There was a complaints policy and procedure in the home and this was outlined in the Service User Guide. At the time of our inspection there were no formal complaints. People we spoke with and responses from the satisfaction surveys issued and returned in June 2015 indicated that people and their relatives were happy with the service and there was no cause for complaint.

One relative referred to the care at Maybank House as being "genuine" and added, "the staff are great." Another family added the comment, "We are very happy with dad's care so thank you very much." We also saw a selection of complimentary thank you cards and letters received from grateful relatives displayed in the foyer area of the home.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there had been no registered manager at the home since December 2014 although we could see prior to undertaking the inspection that an application had been made by an individual to take on this role. This process was on-going at the time of the inspection. On the days of inspection, however, this person was not available therefore we spoke with the owner of the service and the deputy manager along with other members of the staff team.

It is a legal requirement that the provider sends notifications to the CQC as part of their registration. Notifications can include details of serious accidents, safeguarding concerns, deaths, police involvement with people using the service or concerning the provider and authorisation of DoLS applications by the supervising authority. We saw that the provider had received the required authorisation in relation to two DoLS applications submitted for people using the service however they had failed to notify CQC of these outcomes.

This was a breach of regulation 18 of the Care Quality Commission (registration) regulations 2009.

The service had been accredited with the Investors in People award and this was displayed in the foyer. Investors in People is a management framework for high performance through people. Formed in 1991 by the UK Government to help organisations get the best from their people, organisations that demonstrate the Investors in People standard achieve accreditation through a rigorous and objective assessment to determine their performance.

We could see that staff worked well as a team and supported each other however they told us that they did not feel supported by management. We were told that there had been a number of managers in recent years which had impacted on staff morale and there was no indication that they felt well-led by management.

Staff told us that there had been no staff meetings and we saw no evidence of these. One member of staff said they would find these useful to air any issues and they would help to improve practice. Staff felt comfortable in approaching the deputies and making suggestions with regards to changing care plans and influencing good practice and told us they felt listened to. Staff were aware of the whistleblowing policy and stated that they would have no problems in reporting inappropriate or abusive behaviour to management.

The service had a Business Continuity Plan in place and also a useful file for use in case of any emergencies or unforeseen circumstances. This listed contact numbers for gp's, gas, electric, water, lift, fire and other contractors. It also contained other relevant information that a member of staff might need in the event of an emergency, including out of hours contact numbers. Risk assessments had been undertaken on the environments around the home and we saw risk assessments in place with regards to bedrooms, the laundry and the kitchen area.

The PIR stated that a comments box had been supplied and placed in the foyer with cards available for

people to leave feedback about the service. We saw that this was a small money box and was inappropriate as a comments box. We could not see any cards or forms located in the foyer.

During this inspection we looked at what the provider did to check the quality of the service. Regular formal audits can be used to monitor the performance of a service. They can also help identify areas for improvement and are indicators that actions are required to resolve identified concerns.

Medication audits had been undertaken in June and August 2015, with a sample of seven records being checked on each occasion. An infection control audit had been completed by the service in September 2015 and a further one was planned for early 2016 by a representative from Manchester Council's public health department.

There was no evidence of audits being undertaken to care plans, accidents, safeguarding incidents, complaints, the kitchen environment or training. We could see that the acting manager had started to put plans in place to undertake quality audits of the service however this was a blank template at the time of our inspection. Audits that had taken place were sporadic and focused on specific aspects of the home. We found the quality assurance systems the provider had in place were ineffective in assessing the quality of service provision.

We looked at kitchen records and saw that checks relating to kitchen-related tasks had not always been completed. This was normally during weekends when the regular cook was not on duty. As the service had no formal audit mechanisms in place to audit kitchen practices this had not been identified and addressed.

Information made available for people using the service included a welcome pack and information leaflets about advocacy. The welcome pack included a service user guide in larger print, a suitable format for people living in the service.

We saw that the service had distributed quality surveys that had been sent to residents and relatives involved with the service. Responses to these surveys were available and were dated June 2015. Positive comments about aspects of the service were noted including the quality of care, helpfulness of the staff, the food on offer and the cleanliness of the home. Relatives, however, wanted to see more going on in the home whilst two residents suggested shopping as an activity and a party but we saw no evidence that these suggestions had been acted upon.

We identified that systems to assess, monitor and improve the quality and safety of services provided to people at Maybank House were not robust enough and could be improved and concluded that this was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the CQC of the outcome of requests made to a supervisory body for standard authorisations

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have effective systems to protect people from assessed risk. Appropriate arrangements were not in place to manage and dispose of medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of services provided to people at Maybank House were not robust enough and could be improved. Care records were not accurate and did not reflect the care and treatment that was required or provided.