J&S Healthcare Limited

Maxey House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

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

Maxey House Residential Home provides personal care and support to up to 31 older people, some of whom live with dementia. At the time of our inspection there were 28 people in one adapted building, being supported by staff.

At our last inspection on 17 June 2016 we rated the service 'Good'. At this unannounced inspection we found evidence from our inspection that demonstrated risks or concerns. This was in relation to CQC not being notified of incidents that the provider is legally obliged to notify us about. We also had concerns over the decoration of the building in areas, suitably skilled staff available for all shifts and the suitability of the laundry area and safe medication support. The overall rating of the service has changed since our last inspection to 'Requires Improvement.'

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager had failed to notify the CQC about important events such as serious injuries and safeguarding concerns which the provider is required to send us.

Staff implemented infection control processes to reduce the risk of infection. However, the laundry room had no sink for staff to wash their hands in immediately after handling items requiring laundering. This increased the risk of cross contamination.

Adaptations had been made to the building to meet people's needs. However, areas of the building needed repair or redecoration. This was because we found broken windows boarded up, a curtain hanging down from a curtain rail, large cracks in plasterwork and marked paintwork.

People were supported by enough staff who were recruited safely. However, we have made recommendations that the provider seeks advice and guidance to ensure that the right skills mix of staff are available to support people using the service safely.

Most people's medicines were managed safely and people received them promptly. However, risk assessments looking at potential risks to people, without taking away each person's right to take risks, were not always in place. This increased the risk of unsafe medicines management.

People's confidential information was stored securely. People were supported by enough staff who were recruited safely. However, we have made recommendations that the provider seeks advice and guidance to ensure that the right skills mix of staff are available to support people using the service safely. Staff received an induction, training, supervisions and appraisal. Staff felt supported by the registered manager.

People and visiting relatives told us that staff were caring and kind. People's privacy and dignity was promoted and maintained by staff. Visitors to the service were made very welcome.

People were supported by staff who knew how to recognise and report any discrimination and risks to people's well-being. Accidents and incidents were reviewed and actions put in place and were shared with staff, to help reduce recurrence.

People were happy with the activities that were offered, but when activities staff were not available, there was a lack of activities to engage people. The provider encouraged people to fulfil their wishes with special outings organised.

People enjoyed a variety of food and drink that met their dietary needs. There was appropriate access to external health and social care professionals. Staff had an understanding of the Mental Capacity Act 2005 and adhered to its principles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and relatives of people said they were involved in the care and support plans and that these met their, their family members, needs. Care and support plans were personalised and gave information from the person's view-point to guide staff. People were supported at the end of their life with compassion and care.

People and their relatives were positive about the registered manager and the staff. Complaints received were responded to and resolved where possible. The views of people and their relatives were sought and these views were considered to ensure improvement. The service worked in partnership with other organisations such as the local GP practice and district nurses to provide people with joined-up care.

The registered manager monitored the quality of the service provided. However, provider visits to the service and any improvements found needing identified during these visits, were not recorded nor an action plan created to monitor any actions taken.

As a result of our findings we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider needed to ensure that the right skills mix of staff are available to support people on all shifts.

People received their medicines as the prescriber intended. However, people's risks around medication support, were not always identified and recorded as guidance for staff.

Staff were aware of when to report incidents to keep people safe from harm. Lessons learned from when things were communicated to staff

Staff followed infection control processes. However, the laundry room facilities needed improvement to help with cross contamination risks.

Is the service effective?

Good

The service was effective.

Mental capacity assessments and best interests' decisions had been made for people in line with the legal requirements. This ensured that people did not have illegal restrictions put on them.

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were being provided with a specialist diet if required.

People were supported to access the healthcare services they needed.

People lived in a suitably adapted home. However, redecoration was required in some areas of the service.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind and caring manner.

People's dignity and privacy was maintained.

People felt their views and opinions were valued and they mattered.

People's confidential information was stored securely.

Is the service responsive?

Good

The service was responsive.

Individual care records were in place for each person as was up-to-date guidance for staff to meet their care and support needs.

Activities were arranged and people benefitted from these by having regular social stimulation.

A complaints procedure was in place and complaints and concerns were investigated and resolved to the complainants' satisfaction where possible.

End-of-life care was planned and provided when required.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Notifications of incidents that the provider was legally obliged to notify the CQC about were not always done.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

Maxey House Residential Home

Detailed findings

Background to this inspection

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

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We used information the provider sent us in the Provider Information Return on 6 April 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was unannounced and took place on 30 October 2018. The inspection was carried out by an inspector and an assistant inspector. During the inspection we spoke with three people who used the service, three relatives and visitors, six staff members (the deputy manager, a senior care worker, the administrator, two care workers and domestic/housekeeper) and the registered manager. We also spoke with two visiting health care professionals. We received information from representatives of the local authority service commissioners and quality improvement team and a district nurse. This information helped with our inspection planning.

We viewed information relating to four people's care and support. We also reviewed records relating to the management of staff, the statement of purpose, the service user guide, a business contingency plan, the duty of candour policy and the management of the service.

Requires Improvement

Is the service safe?

Our findings

During our inspection we saw that there were enough staff to support people with their care and support needs. However, the activities co-ordinator was not working in the morning, and care staff did not have time to engage people with activities. This was because care tasks took priority. One relative said, "Staffing is mostly okay, [they] could do with more sometimes they appear short, rushed." Another relative told us, when asked if there were enough staff, "Yes, mainly, maybe just enough sometimes." A visiting health professional said that they did not think there was enough staff at times to deal with people with complex needs or increased agitation.

The registered manager showed us the tool they used to determine safe staffing numbers depending on people's care and support needs. People, their relatives and a visiting health professional had mixed opinions about the number of staff available to support people on shift. The registered manager told us that on occasion there may not be a staff member available who was trained to support people with medication during a night shift. They said, "The worst-case scenario would be that I would come back to the [service] so no one would go without their medication."

We recommend that the provider seeks advice and guidance to ensure that the right skills mix of staff are available to support people using the service safely.

Prior to this inspection the CQC received concerns that during the summer months, when the temperatures were hot, people's medicines were not stored at the correct temperature. During this inspection we saw that people's medicines was stored securely, maintained at the correct temperature and disposed of safely. However, the medicines refrigerator was not working and a standard food refrigerator was being used in the medicines room. This was until the broken fridge could be replaced. Staff were unable to give us a timescale for this during the inspection, however the provider has since assured us that this has been rectified.

Records showed that medicines were administered as prescribed. Any medicine errors were reported and investigated and actions taken to reduce the risk of recurrence. Staff administering medicine had received training and their competency had been reviewed by senior staff.

The registered manager and staff had completed risk assessments and staff were aware of the actions to take to minimise risk, without restricting the person's freedom. Most people's risks were assessed and measures were in place to minimise the risk of harm occurring. People had detailed individual risk assessments and care plans which had been reviewed and updated. However, one person who had chosen not to have staff observe them taking their medication had no risk assessment in place to look and agree the risks around this choice.

Risks identified included assisting people to move, poor skin integrity and those people at an increased risk of choking. Appropriate measures were in place to support people with these risks. For example, we saw guidance on a soft diet where a person had swallowing difficulties.
Measures in place were regularly reviewed.

People had personal emergency evacuation plans (PEEP's) in place to assist them to evacuate safely in the event of an emergency such as a fire. These documents were available in each person's room and centrally held within the office for ease of reach if needed. Fire drills were also practised.

Staff undertook training on infection control, food hygiene and COSHH (Control of Substances Hazardous to Health). We saw staff promoted infection prevention and control procedures as far as they could. There was enough personal protective equipment (PPE) available and that staff used this when they supported people with personal care. However, we noted that there was no sink within the laundry for laundry staff to wash their hands in. This increased the risk of cross contamination. The registered manager told us that there were plans for a sink to be installed within the laundry room, but could not give us any timescales for when this would be actioned.

Staff at the service safeguarded people because there were processes in place to minimise the risk of avoidable harm. People and relatives told us that they, their family member felt safe with the staff. One relative said, "I have no concerns." Staff had undertaken training in protecting people from poor care and harm and knew who to contact, both inside and outside of the organisation if they had any concerns.

Equipment and technology was used to assist people to receive safe care. We saw that there were call bells and sensor mats in place for people to summon or alert staff when needed. A sensor mat is alarmed and alerts staff of movement; they were used where people are at risk of falls.

Staff told us that recruitment checks were in place prior to them working at the service. These checks made sure that the right staff were recruited to the role, they were appropriate to work with people and were of good character.

Staff knew how to record accidents and incidents. The registered manager responded appropriately to these and took any necessary actions. For example, learning was shared with staff to reduce the risk of recurrence following an investigation into a medication error.

Good

Is the service effective?

Our findings

People's assessed care and support needs continued to be met by staff. Staff used guidance from social and healthcare organisations to provide care based upon current practice to support people with their care needs. This included staff following guidance from the speech and language therapist regarding people at risk of choking due to poor swallowing.

Staff attended supervisions, received competency checks and an annual appraisal to support them in their day-to-day role and to help identify and discuss any learning needs. The provider offered training in a range of topics to help staff develop their skills and knowledge. Staff were also encouraged to maintain their current skills with regular training on subject areas relevant to their role.

People had a choice of food and drinks. The provider had decided following consultation with people and their relatives to bring people's main meals in frozen from an external company. A relative said, "The food here is very good and [staff] will bake homemade scones." A person told us, "Food is very good I can't complain at all." Mealtimes were a positive experience which people enjoyed and people were encouraged to sit where they wished to enjoy their meals. People who required additional assistance from staff were supported in an unrushed and patient manner.

Where people were being supported with a specialist diet due to swallowing risk or a specific health condition this was catered for. Another relative said, "Initially [family member] had needed a softer diet, but had now progressed to a mashable diet. They enjoyed their food here, [they are] always happy to eat it."

Staff enabled people to access external healthcare services to promote their well-being. The registered manager and staff team worked with external organisations such as speech and language therapist teams, district nurses and general practitioners. Relatives confirmed to us that they were kept informed of any changes in their family members health by staff.

Adaptations to the building such as hand rails and ramps for wheelchair access enabled people to mobilise more easily and access the gardens and other areas. Our observations showed that decoration within areas of the service could do with improvement. We saw that in the dining area windows had been boarded up where broken and a curtain was hanging down from a curtain rail. There were large cracks in the ceiling in some communal areas and in one main corridor the paint was badly scuffed and marked in places. Feedback from a relative's survey raised this as an area needing improvement. One relative feedback, "[The décor] is a bit tired looking in places." A relative said, "Some areas [of the service] look tired but [this service] is more homely (than other services). I would come here."

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 with appropriate legal authority. In care homes, and some hospitals this is usually through MCA applications 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. Where people had been assessed as lacking mental capacity, applications had been made to the local authority supervisory body. Staff had received training and had a good understanding of the ways in which this legislation related to their everyday work. Staff gave people choices in as many areas of their lives as possible and asked permission before providing care and support to the person. For example, we saw that people had free access to all areas of the service and choices of when they would like to get up or what they wanted to wear.

Good

Is the service caring?

Our findings

People's confidential information was stored securely. People and their relatives spoke highly about the registered manager and staff team. One relative said, "Staff are really caring and look after [family member] well." Another relative told us, "These [staff] are absolutely amazing so I know when I go home that if anything God forbid should happen to me, that [family member] will be looked after properly, getting their medicines and care and staying clean. I couldn't ask for more."

People and staff all got on well together. Our observations showed that staff knew the people they were supporting well, knew their preferences, listened to them and communicated to them in a way they understood.

We saw caring and compassionate interactions between most staff and the people living at Maxey House Residential Home. The occasion where we overheard a staff member speaking to a person in a harsher tone than necessary, when bought to the registered managers attention, was dealt with swiftly. Staff showed kindness to people and we saw this had a positive impact on people and we saw the people responded by smiling, talking and laughing. One member of staff told us, "The residents make the day for me. I love sitting and chatting with them." Staff were polite and addressed people using the persons preferred name. Staff initiated conversations and listened and were patient when people spoke with them and when supporting people to walk or to sit in a chair. They spoke calmly and did not rush them.

People and their relatives told us that staff involved them in every day decisions about their, their family members care. They gave examples of how the registered manager and staff worked with them to promote people's well-being. One relative said, "[Staff] are trying to find a way to make [family member] less scared of being washed. [Family member] relates to some staff better than to others. We have discussed this with the [registered manager] and now she allocates specific members of staff to [family member]. Very reassuring."

People were encouraged to personalise their rooms to help them settle and make Maxey House Residential Home feel more like home. One person told us that personal items bought into the service were looked after by staff and are, "All clean, no dust," which they appreciated.

To enable people with short term memories or who were sensory impaired we saw there were clear signs around the service to help people find their way. For example, memory boxes, containing things that were meaningful to the person were placed outside people's bedrooms. This helped people to easily recognise which was the door to their room. Playing cards had been included into these memory boxes, this helped staff recognise the time each person wanted to get up in the mornings.

People said their privacy and dignity was maintained and promoted by staff and people were treated with respect. One staff member told us how they supported people to maintain their dignity. They said, "If someone [needs their clothes changing] you do not [go] walking up to them with a pack of clean clothes under your arm [in communal areas]." Staff were also seen to knock on doors and wait for a response before entering a person's room.

Relatives told us they felt welcome by staff when visiting the service and were kept informed of their family member's health and well-being. One relative said, " I was very worried initially. I visited every day, but now feel so much better, Reassured." Another relative commented that, "[Family member] is clean, tidy and well presented. Staff are caring and I am made to feel welcome. I visit every day."

Information was available around advocacy services should people or relatives need this information and advice. Advocates are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

Staff at the service provided care and support that was responsive to people's needs. People and relatives told us that they, their family member, were involved in planning their care and support. A relative said, "Yes the family have been and are still involved with [family members] care plan." Support plans showed each aspect of the care and support the person wanted or needed. This was so staff had detailed, individualised guidance on the support the person needed and their wishes, likes and dislikes. Staff undertook formal reviews of support plans to make sure they reflected people's current needs.

Staff knew the people they were supporting well. They talked to us about people's history, health, personal care needs, cultural values and preferences. This information had been incorporated into people's care plans. Staff completed daily notes, as a record of how people had spent their day meaningfully. These records as well as the handover at the start of each shift, provided staff coming on duty with an overview of any changes in people's needs and their general well-being. A healthcare professional told us that staff communication was good.

People and their visitors were complimentary about the activities that took place within the service. However, during the morning of our inspection, there were no activities co-ordinators on shift. This meant that people were sat for long periods of time with little to occupy them. When activities took place in the afternoon people were engaged and we saw and heard a lot of laughter and interaction. One relative said, "[Family member] enjoys activities as and when they want to. The [activities co-ordinator] is very good at engaging even those who are initially reluctant." Another relative told us, "[Family member] really likes the external entertainment [that visit]."

Written compliments about the service provided had been received from relatives and friends of people living at the service. One relative had written, "[Family member] has come such a long way since joining you, in [named month] and is really settled."

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. The concerns and complaints process was on display in a communal area for people and visitors to the service to refer to if needed. Any concerns received were listened to and resolved where possible by the registered manager who dealt with these in line with the provider's policy. This included the registered manager and staff acting swiftly when unwanted visitors turned up at the service stating they were relatives of someone living there. Actions taken included the registered manager contacting social services and an advocate to support the person about the concerns. A plan was then put in place for staff as guidance should these visitors return.

Where people had been prepared to discuss their future wishes in the event of deteriorating health, these wishes had been clearly identified in their care records. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. Staff had taken part in end-of-life training to help build on this knowledge. The registered manager told us that they would work with external health care professionals'

guidance and advice when it became clear that people's health conditions had deteriorated. This would enable staff to support the person have the most comfortable, dignified, and pain-free a death as possible.

Requires Improvement

Is the service well-led?

Our findings

During the inspection we found the registered manager had not notified the CQC of incidents that had happened since the last inspection. These incidents included alleged safeguarding's and serious injuries. The registered manager told us that they were not aware that these incidents needed to be notified to the CQC. These are incidents that the provider is legally obliged to notify CQC about.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). Notification of other incidents.

We also found that the provider was not displaying their previous inspection rating in the correct format. This was corrected during the inspection.

Feedback on the quality of the service provided was sought from people and their relatives in various ways. Meetings were held and minutes showed topics such as décor, the new computerised care record system, and any other business items were discussed. Records showed that a 'resident, relatives and staff' survey had been carried out since the last inspection to gain feedback on the quality of the service provided. Feedback was in the main positive. One relative said," The level of care my [family member] receives is excellent in every aspect." However, an area suggested for improvement included the decoration of the building. The registered manager told us there were plans to extend the building, however, there were no actions plans seen with agreed timescales to address this area for improvement.

The provider visited the service weekly to get an overview of the service provided and identify areas requiring improvement. The registered manager told us these visits were not formally recorded. There was no action plan seen, when requested, with timescales in place that detailed any improvements required and when they would be completed. The registered manager told us they would record these formally going forward.

There was a registered manager at the service. 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. They were supported day-to-day by care staff and ancillary staff.

The registered manager and staff had a good knowledge of people's care and support needs. Staff were clear about the expectation to provide a good quality service that met and supported people's individual needs. One staff member told us, "It is now all about enabling residents [to be as independent as possible]." Staff were also clear about the reporting structure in the service.

The registered manager and staff promoted equality and inclusion within its service and workforce and shared good examples with us. A staff member said, "Residents always come first."

The registered manager was a hands-on manager who led by example and worked alongside staff. In this way they could pick up any issues and deal with them quickly. Staff told us that they felt supported by the registered manager who they said was approachable, listened to them and where possible put in place their suggestions. For example, actions were taken to stop a person entering another person's room.

The provider had in place a 'later life initiative' which they called 'sparkle'. This was to help people achieve their goals and ambitions. Several people, with the support from staff, visited an aircraft museum. One person, as they used to fly a certain type of air plane, experienced a 'wing flight' and the photographic evidence showed beaming smiles from ear to ear. A relative said, "On behalf of myself and all of my family we are sending you our heartfelt thanks and appreciation for sending [family member] on such a fantastic experience. A trip of a lifetime."

People and their relatives were complimentary about the service provided, and how the service was run. Relatives told us that they could speak to the registered manager should they wish to do so and the registered manager made themselves available for this. One relative said, "There are residents' meetings and [registered manager] does listen and usually gets things sorted." A person told us, "I would be happy to talk to [registered manager], as they listen and would sort things out, if anything needed sorting."

The registered manager of the service made checks to monitor the quality and safety of the service provided. This included looking at whether there were any patterns and trends from accidents such as people falling, to help identify any actions needed.

Staff at the service worked in partnership and shared information with other key organisations and agencies. This included working with the local GP practice and the district nurses team, to provide joined up care for people using the service. A health practitioner told us, "Staff communication is good and you can always get hold of staff if you contact the [service] if you need to."

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). [1] [2] [a] [b] [e] Notification of other incidents. The provider had failed to notify the Care Quality Commission regarding incidents that it was legally obliged to notify CQC about.