Maybank House Limited

Maybank House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Maybank House provides accommodation over two floors for up to 25 people with a range of care needs who require personal care. Accommodation on the ground floor comprises of a large lounge leading through to a dining room and a smaller lounge area. There is a third lounge regarded as a quieter area where people have access to books and a piano. The home is set in its own grounds near to shops and local amenities. Three of the bedrooms were double rooms but two of these were currently used for single occupation. The third double room was empty. The manager told us that these rooms were not shared unless there was an explicit request, for example from a married couple.

This was an unannounced inspection carried out on the 21 and 23 February 2017 and at the time of inspection there were 19 people using the service. The service was last inspected in November 2015 and was found to require improvement.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at Maybank House told us they felt safe however we found occasions when their safety was compromised. Staff were supported to keep people safe through appropriate training in areas such as safeguarding and moving and handling training. The service also had up to date policies and procedures in place for staff to follow.

People living at Maybank House had their nutritional and hydration needs met. All the people we spoke with told us the food provided was good. People were offered a range of options at breakfast and had a choice of food at other mealtimes too. The service had been awarded five stars out of a possible five during their most recent food hygiene inspection.

Staff working at Maybank House had received appropriate training to support them in their roles. Regular supervision meant staff were provided with the opportunity to raise concerns or discuss any training needs.

We found staff did not have regular training in the Mental Capacity Act which showed when we questioned their understanding. We recommend that all staff receive training on MCA 2005 to increase their awareness and that the frequency of training updates in this area be more regular than once every five years. We found that applications had been made for DoLS as required and best interest decisions were documented .

We saw that when necessary the service had referred people to the appropriate healthcare professionals. Feedback about the service and staff from other health professionals was complimentary.

People's preferences and choices were respected. Staff knew people well and were responsive to people's

needs. People told us that staff were caring and kind and we observed caring interactions between staff and people living at Maybank House.

People were supported to be involved in the planning of their care. They felt there were sufficient staff to meet their needs.We observed staff showing people respect and ensured people's dignity was maintained when providing care. The service supported people with their end of life care and ensured their wishes were upheld whenever possible.

We found the recruitment process to be robust and appropriate checks were made prior to staff commencing work. Current delays in the DBS process meant that staff started working at Maybank House following a clear DBS Adult First check. They were not allowed to work unsupervised in the service until a full DBS clearance was received. Staff received induction to the service prior to commencing work.

Some staff we spoke with did not think there were enough activities for people but feedback from people living at Maybank House and their relatives was positive. Staff took time out to spend talking with residents and used resources such as books and magazines to start and generate conversations. Staff were good at involving people who were normally quiet and encouraged them to participate.

The service had undertaken regular surveys of people and their relatives. We saw a sample of returned questionnaires with feedback from June, August and December 2016 with positive comments about aspects of the service.

There was a formal complaints procedure in place and any complaints received were acted on appropriately. We saw examples of compliments in the form of thank you cards and entries in a formal compliments book recently introduced by the service.

At our last inspection we had identified that no quality assurance checks were undertaken on aspects of the service. At this inspection we saw the improvements that had been introduced by the registered manager with regular spot checks and audits of the service. People, their relatives and visiting professionals told us the service had improved.

The registered the manager understood their responsibilities and notified the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

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.

People were able to access the staircase as there were no restrictions in place. Appropriate risk assessments were in place but only for people living on the first floor.

Medicines were stored safely and there were protocols in place for staff to follow.

Recruitment of staff was safe and appropriate checks had been made. Staff understood what action they should take if they were concerned that someone was at risk from harm.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have sufficient training in the MCA and DoLS which showed when we questioned their understanding. Applications had been made for DoLS as required and best interest decisions were documented.

Staff showed they had a good understanding of people's care and individual support needs. Staff knew people's abilities and what they were and were not able to do.

People were referred to healthcare professionals as required. Feedback from a healthcare professional was complimentary.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and kind. We observed caring interactions between staff and people living at Maybank House.

Staff showed people respect and ensured people's dignity was maintained.

The service supported people with their end of life care and ensured their wishes were upheld whenever possible.

Is the service responsive?

Good

The service was responsive.

Care plans had been reviewed and provided details about the care and support people needed.

People's preferences and choices were respected. Staff knew people well and were responsive to people's needs.

There was a formal complaints procedure in place and any complaints received were acted on appropriately.

Is the service well-led?

Good

The service was well led.

Quality assurance checks were being completed on aspects of the service. Spot checks of the home had been introduced in response to the last inspection report.

There was always a management presence in the home. The manager was well supported and was moving the home forward with the small management team.

Notifications were submitted to CQC as required.

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 21 and 23 February 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection one inspector from the inspection team was on site.

Before the inspection, the provider completed 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. We reviewed the information in the PIR, along with other information that we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local Healthwatch organisation and the local authority commissioning team to obtain their views about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We liaised with other professionals involved with the service at the time of our inspection and received feedback about the management of the service. No concerns were raised with us.

We spoke with eight people who lived at Maybank House as well as five family members, the registered manager, the deputy manager, three care staff, the cook and a domestic. We looked at records relating to the service including five care records, four staff recruitment files, daily record notes and deprivation of liberty safeguard applications.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of those people who could not talk to us. We observed care and support at lunch time in the dining room and also looked at the kitchen, the laundry, lounge areas and a number of

people's bedrooms.

We looked at the systems and processes in place for monitoring and assessing the quality of the service provided by Maybank House and reviewed a range of records relating to the management of the service; for example medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures, complaints and compliments.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe with the care and support they received from the staff at Maybank House. People and relatives we spoke with were confident that there was no abuse, physical or mental, and no bullying happening at Maybank House. One person told us, "I feel safe. [I'm] more than happy. My bedroom is lovely. They're always cleaning." Another person we spoke with also confirmed they felt safe with staff and said, "They look after you; make you feel comfortable. I'm more than satisfied."

The home had scored 77% in an infection control audit carried out by the local authority in March 2016. This audit had advised that the home required a legionella risk assessment to ensure the water supply was clean, safe and compliant. The provider could evidence that they had employed an independent company to undertake this risk assessment and was waiting for the survey at the time of our inspection.

We saw that staff had full access to protective equipment such as aprons and gloves and hand washing facilities in all bedrooms. We saw the sluice area that was fit for purpose and tidy, with colour coded mop buckets and mops correctly stored upside down in wall holders. Bedrooms were clean and tidy and the home had no odorous smells.

During our inspection we observed that at times, people were not always kept safe. We used a bathroom on the ground floor. There was a poster pinned up at the side of the small hand basin outlining the steps to be followed when washing hands to prevent any cross infection and to promote good infection control. We found that the wall-mounted soap dispenser in this bathroom did not contain any hand soap. We saw that there was liquid hand soap available in a smaller, disposable container but this was not stored on or near to the sink. A person using the toilet independently might not see the hand soap, which was stored on a shelf near to the toilet. This meant that good infection control might be compromised by the lack of hand washing involving an antibacterial hand wash.

We recommend that the service reinstates the use of the wall-mounted soap dispensers in the home in order to encourage and promote good hand washing techniques and help control the spread of infection.

We noted that people were able to access the stairwell from the ground floor to the first floor as there were no restrictions in place. The manager told us that no one attempted to use the stairs, either independently or with assistance, as everyone living on the first floor used the lift. One person liked to stand by the front door waiting for visitors but did not try and access the staircase as they were unable to. However the stairs were still accessible to people who were mobile and meant that people were potentially at risk of harm, possibly from trips or falls on the stairs. We discussed this with the registered manager who took advice with regards to the installation of assistive technology at the top and bottom of the staircase. The equipment would alert staff in the event of someone using the staircase and we were assured that people's safety would be maintained whilst not unnecessarily restricting their actions.

We checked the staff roster to see if there were sufficient staff on duty, to meet the current needs of people living at Maybank House. At our last inspection we identified that the staff rota was not fit for purpose as it

was out of date and did not accurately reflect who was on duty and in what role. We could see that this had been improved at this inspection. The rota and the training matrix was colour coded to reflect the roles of staff and was up to date at the time of our inspection.

At the time of the inspection, there were 19 people living at the home. Staff we spoke with did not feel rushed or under pressure and we saw no evidence that this was the case during our inspection. If anything we observed the opposite as staff were able to sit down and chat with the residents that chose to sit in the lounge on the afternoon of our first day of inspection.

We looked at five care files to see if they had risk assessments which met people's personal needs. We saw that the process for recording risk assessments had improved since our last inspection. The risk assessment document provided information about the risk to the individual person and actions staff could take in order to minimise the risk.

Risk assessments had been completed for any areas that were considered to be of concern. We saw risk assessments for malnutrition, skin integrity, medication, mobility and the risk of falls. There were no individual risk assessments in place in relation to all those who could access the staircase but there was a generic risk assessment on file in relation to the stairs for those people living on the first floor. The registered manager told us these would be put in place and we will check on this at our next inspection. The risk assessments we saw in care plans had been reviewed on a regular basis to ensure they remained relevant and up to date.

We reviewed records to ascertain how the home managed accidents and incidents. We saw that accidents and incidents occurring within the home were logged and documented accordingly. Body maps were completed following an individual having a fall as is good practice.

As part of our inspection we look at whether medicines people require, are administered, stored and disposed of safely. We observed staff administering medicines to people and checked the medication administration records (MARs) for six people.

We also checked to ensure medicines which require to be stored with additional security (controlled drugs) where being stored safely and appropriate checks were being carried out as required. At the time of our inspection no one living at Maybank House was in receipt of controlled drugs. We saw that a small stock of a controlled drug had been collected by the pharmacy in January 2017, following a person's discharge from the home. Two members of staff had signed the drug out as per company policy and a representative from the pharmacy had also counter-signed. We were assured that the correct protocols were in place and would be followed when controlled drugs were on site.

Care staff who were trained to administer medicines told us they were assessed prior to being allowed to undertake this role. The deputy manager told us that they observed other staff administering medicines to check that they were competent to do so however these assessments were not documented. Staff we spoke with were able to describe the actions they would take to return any unused medicines or any medicines which had been refused.

We saw there were protocols in place for people who were prescribed 'as required' medicines (PRN). These protocols outlined to staff the maximum dose of the medicine to be given in a 24 hour period and why the medication was prescribed. This meant that people were protected from
unsafe practices with regards to the administration of medicines.

We looked at four recruitment files and found the provider had the required paperwork in place to ensure the recruitment and selection of care workers and other support staff was safe. We saw that staff recruited had the appropriate skills and experience to meet the needs of people living in the home. Paperwork held on file in relation to the recruitment process and recruitment records for staff included proof of identity, two references, and an application form.

There was also evidence that the service had carried out checks with the Disclosure and Baring Service (DBS). The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support service. We saw the DBS checks were made on commencement of employment.

The registered manager told us that there was currently an 18 week delay in obtaining DBS checks for any new employees recruited to the service. This was placing some pressure on new staff being able to commence employment. The service had carried out a DBS Adult First check on a new recruit and had allowed them to start work whilst their full DBS application was being processed.

DBS Adult First is a service provided by the Disclosure and Barring Service that can be used in cases where, exceptionally, and in accordance with the terms of Department of Health guidance, a person is permitted to start work with adults before a DBS Certificate has been obtained. This applies to adult services such as care homes, domiciliary care agencies and adult placement schemes where DBS Certificates are required by law.

The member of staff working in this way was shadowing and supporting colleagues as they were not allowed to work unsupervised until full clearance was received. The offer of permanent employment was a condition based upon the receipt of a clear DBS. This meant that people who used the service could be confident that staff appointed were suitable to work with vulnerable people.

Staff we spoke with were able to describe how they kept people safe and what they would do if they suspected someone was at risk from abuse. Staff were supported to keep people safe through appropriate training in areas such as safeguarding and moving and handling training. The service also had up to date policies and procedures in place for staff to follow. We saw that these were made available to staff and discussed during supervision sessions.

The was no maintenance man employed by the home at the time of our inspection. The registered manager told us that recruitment to this post had been approved by the owner and the process would be started.

Maintenance checks to the home and equipment were currently done by the registered manager. The home reported any defects requiring repairs to local tradesmen and these were then addressed. On the day of our inspection we raised two issues with the registered manager regarding furniture and equipment. We identified new wardrobes installed in some rooms as part of the on-going refurbishment of bedrooms which had not been secured to the wall and a sliding bathroom door to the ground floor did not have a privacy lock installed on it. Before the end of our first day of inspection the provider had contacted a local tradesman. They visited the home, identified the number of wardrobes affected and fitted a lock to the bathroom door. By the end of the inspection we saw that the contractor had returned and had started to secure new wardrobes to the wall. This showed us that the home was reactive in addressing identified issues and took action to ensure people's safety was maintained.

We looked at service certificates to check that the premises were being maintained in a safe condition. There were current maintenance certificates in place for the electrical installation, the passenger lift, bath hoists, gas equipment and fire extinguishers. We saw that weekly, monthly and three monthly checks on

equipment and fittings in the home was carried out, for example we saw records relating to fire door closure mechanisms, emergency lighting and call points checks. Weekly fire bell checks were undertaken and documented. The environment was clean and tidy however remedial work was required to bedrooms and a corridor on the ground floor due to water damage caused by a leak. The registered manager told us this was being addressed. We will check on this at our next inspection.

Requires Improvement

Is the service effective?

Our findings

We observed people receiving care from staff who knew them well. Discussions with staff who worked at Maybank House, showed they had a good understanding of people's care and individual support needs. Staff knew people's abilities and what they were and were not able to do.

As part of our inspection process, we look at whether staff receive essential training and support to ensure they have the required knowledge and skills to support them to meet the needs of people living at Maybank House. We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Maybank House. We looked at the training records for five staff members, including two staff who had been recently recruited. We also looked at the staff training matrix and spoke to staff about their learning needs and also the recruitment process.

We spoke to five members of staff during the inspection who confirmed they had access to a range of induction, mandatory and other training relevant to their roles and responsibilities. Examination of training records confirmed that staff had completed key training in subjects such as moving and handling; health and safety; fire safety; food hygiene; safeguarding; administering of medicines; emergency first aid; infection control and dementia. Training was predominantly in the form of E-learning, with added input and support from the pharmacy for medicines administration. The training matrix was up to date, reflected staff roles and indicated the frequency of refresher training in each area. For example, staff updated their knowledge on moving and handling and health and safety on an annual basis. Refresher training on food hygiene was undertaken every three years.

We saw that the service considered training on the Mental Capacity Act 2005 should be updated every five years. Nine out of fourteen staff had done this training with dates ranging from August 2012 to February 2017. We could see from the training matrix supplied that staff did initial Deprivation of Liberty Safeguards training on induction with refresher training undertaken every three years. Ten care staff had completed DoLS training in the 18 months prior to the inspection. Staff understood the need for consent before delivering personal care and support but when we questioned staff on their understanding of the MCA 2005 and DoLS their knowledge and understanding was limited.

We recommend that all staff receive training on MCA 2005 to increase their awareness and that the frequency of training updates in this area be more regular than once every five years.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager on the first day of our inspection. Discussion with the registered manager showed they had an understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for. At the last inspection we identified that the service was not notifying CQC of the outcome of requests made to a supervisory body for standard authorisations in relation to DoLS. At this inspection we noted this had improved and the registered manager was informing CQC of the outcomes.

The registered manager also made us aware of the delays they were experiencing with regards to receiving authorisations from the supervising authority in relation to DoLS applications. We could see that they were following up the status of submitted applications at regular intervals. We were assured that the service was supporting people to make their own decisions and wasn't restricting people when they weren't authorised.

We saw that there were policies in place relating to the MCA and DoLS. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives and health and social care professionals to help ensure any decisions made were in the best interests of people using the service. We saw an example of a best interest decision recorded in relation to the administration of insulin. The decision outlined the person's preference with regards to the area on the body to have injections. Due to the regularity of the injections bruising had appeared on the body. To reduce the risk of this it was noted on the care plan that the person was offered choice in where to have the injection but always declined. As the person had capacity to make this decision the home and other health professionals respected this and acted in the person's best interests.

The provider information return stated that supervision meetings were undertaken by management with staff. We saw evidence of a number of supervisions within the personnel files we looked in. We were satisfied that staff were receiving supervision according to company policy and staff we spoke with told us they felt supported in this area. Supervisions give both management and staff the opportunity to discuss performance and raise any concerns they might have. Staff may feel valued or involved in the service.

We looked at whether people who live at Maybank House had their nutritional and hydration needs met. We spoke with the catering staff about the meals they provided. During this inspection all the people we spoke with told us the food provided was good. We asked people what they thought of the food at Maybank House. One person told us, "It has improved and we get choices." A second person said, "I enjoy the food; I don't eat a lot," and a third person described the food as 'very good.'

There were two cooks in the service, one employed during the week and a weekend cover cook. We spoke to the cook on duty on the day of inspection who had the relevant skills and qualifications. The kitchen area was clean and tidy and we saw the service had been awarded five stars out of a possible five during their most recent food hygiene inspection.

A rolling menu plan was in operation, which offered people a choice of meals and was reviewed periodically. People were offered a range of options at breakfast and we heard people being offered breakfast choices following our early arrival at the home. We spoke with the cook about the dietary needs of the people living at Maybank House and found they were aware of which people had specific needs, such as diabetes. They were knowledgeable about how to prepare foods for those with swallowing problems and how to fortify

food and fluids for those individuals who needed to gain weight. The cook also knew the food preferences of each person and we saw this was documented by the home.

We approached a health professional who visited the home for feedback. They were very complimentary about the registered manager and about staff. They told us that staff were always willing to assist district nursing staff and referrals made into the nursing team were appropriate and timely. They told us that there had been no newly acquired pressure ulcers in Maybank House in the twelve months prior to our inspection

People's care files and the communication book showed when referrals had been made to other healthcare professionals and a record of appointments was kept. We were confident that people had access to healthcare professionals when this was necessary.

Good

Is the service caring?

Our findings

People we spoke with told us they considered staff to be very caring. People we spoke with told us, "They look after you; no complaints at all"; "It's a nice place and the staff are very pleasant." Relatives we spoke with also agreed that staff were caring. One told us, "Staff appear attentive. People want for nothing." Other comments received from relatives included, "She's looked after and that's good enough for me"; and "It's a lovely home this one."

During our inspection we observed caring interactions between staff and people who lived at Maybank House. During our lunch time observations one person was asked if she would like to protect her clothing. When the person answered yes the carer placed a material clothes protector around their neck. The person was provided with large cutlery to assist with independent eating. The care worker later checked that the person was able to manage and was comfortable and asked, "Are you alright [person's name]? Do you want a cardigan?" Other comments from staff included, "Are you enjoying that?" and people were offered a choice of drinks during the mealtime serving.

Staff working at Maybank House knew people well. Staff we spoke with were able to tell us people's likes and dislikes and the preferences people had. One staff member told us, "[Person] likes to walk round the garden every day; they like to get out when they can." People's care files also reflected this. We saw recorded in one persons file that they preferred a cup of coffee with milk at meal times and enjoyed a coffee in a morning. Staff still provided the person with a choice of drink at lunchtime; they did not assume even though they were aware of the person's hot drink preference. Staff we spoke with recognised the need to offer choices to people and gave examples of when they might offer choices, for example what to wear; meal options or what times they preferred to get up and go to bed. This meant that staff provided people with the opportunity to make choices about their care and daily routines.

Staff recognised the importance of letting people be independent where possible but being on hand to help if needed. We saw a good example of this at lunch time. A person was struggling to eat vegetables with a knife and fork. Instead of assisting them to eat a care worker discreetly brought the person a spoon. They were then able to finish eating the meal independently.

We also saw a report of a validation visit by an officer of Manchester City Council who had assessed the home for the 'Bronze Silver Gold' award. This is a method of validation of quality by the Council. We saw Maybank House had been awarded 'Silver' in March 2016. This means that the service was able to demonstrate evidence of good practice in addition to meeting the minimum standard required and had been verified by a visiting officer from the council.

Staff told us how they ensured peoples privacy and dignity was maintained, by closing curtains when providing personal care. We observed staff knocking on people's bedroom doors and announcing who they were, as well as waiting for a response before entering a persons room. A visiting health professional to the home told us staff were always polite and courteous to residents and that people always appeared clean and well cared for.

The service recognised the need for confidentiality and this had been covered as an agenda item in the staff meeting held on 14th February 2017. Staff were reminded of their access to sensitive information and the need for confidentiality was reinforced. We were confident that staff took this seriously and would protect the interests of people living at Maybank House and not divulge personal information.

The service supported people to remain in the home for end of life care rather than being admitted into hospital if this was their choice. A health professional provided positive feedback in this area and described the staff as willing and able to provide excellent terminal care to residents with the support of district nurses when needed. This showed the service and staff were caring, compassionate and had the necessary skills to support people receiving end of life care at Maybank House.

Good

Is the service responsive?

Our findings

Staff knew people well and were responsive to their needs. People we spoke with told us that staff were responsive to their needs. One person told us. "The girls are lovely; very helpful when I need them." A relative we spoke with told us their family member 'feels secure' living at Maybank House.

We saw that, where possible, people had been involved in their care planning. We had identified at the last inspection a lack of person-centred information and inconsistencies with care plans not detailing aspects of risk and how to manage these risks. We saw changes had been made to care plans and improved risk assessments in place for people around the use of mobility, falls, eating and drinking and pressure care.

We asked care workers how they knew what people's care needs were. One care worker said that they would find out by getting to know the person and following the care plan for that person; another care worker said that one of the manager's would inform the staff when needs changed and if people's care plans had been updated. We saw examples of care workers recognising people's needs and meeting these throughout the inspection.

We saw from care plans and staff told us that only one person required the support of two staff members to meet their personal care needs and mobility needs. This change in need had been identified at a recent care plan review. Everyone else living at Maybank House was either independent with their mobility needs or needed the assistance of one carer. The home did not have hoisting equipment but used a stand aid when assisting people to transfer. We saw staff using this during the days of our inspection and it was a good experience for the individual as they were kept safe during transfers.

A visitor we spoke with told us how they had been pleased with aspects of their relative's care. They told us how their relative had deteriorated following a hospital stay and a change in their medicines regime. On return to the home staff also picked up on this, spoke with the family member and involved the GP. Following a second review of medicines there was a marked improvement in behaviour, appetite and general health. This meant that the home responded to people's needs, involved them and their representatives and took action when necessary

We found the service respected people's preferences and choices. We found that the care plans we looked at had been reviewed and provided details about the care and support the person needed. However, care plans we looked at contained limited information about the person's life history. Documenting life histories can contribute towards more individualised support as staff are aware of people's past lives and what is important to them. We saw that people's preferences, their likes and dislikes and information about identified risks had been recorded. The registered manager acknowledged that the care plans were a 'work in progress' and confirmed care plans would be completed for everyone to include aspects around people's life histories. We will check this at our next inspection.

The service did not employ a bespoke activity co-ordinator as it was considered the role of all staff to get people involved in activities or entertaining people living in the home. The intention was to have at least one

planned activity every day and we saw evidence of a range of activities during our inspection.

We asked people living at Maybank House if they felt there was enough to do in the home and most people thought there was. We did not see a timetable of activities displayed around the home but there was a notice on the wall in the corridor listing the activities on offer, for example crafts, board games, bingo, film afternoons and singalongs.

Staff took time out to spend talking with residents and used resources to start and generate a conversation. We saw a book containing historic photos of areas around Manchester. This was used as a reminiscence tool and it led to conversations around Whit Walks, Mayday celebrations and making dresses for the occasion. People opened up and shared their anecdotes.

Staff were good at involving people who were normally quiet and encouraged them to participate. One person was gently persuaded to play the piano after lunch and people were seen to enjoy this entertainment. One staff member asked, "Can you swim [person's name]?" The person replied, "18 lengths I used to do. I could do 18 lengths." There was discussions around meals too and people shared what their favourite foods were. We pointed out to the manager that staff could use the information shared by people to populate aspects of the care plan and life histories.

People were left to their own devices although the people we spoke with were happy to watch the television, read and talk to visitors. Some staff we spoke with did not think there were enough activities for people but feedback from people living at Maybank House and their relatives was positive. Feedback comments about the activities on offer included, "Happy with them" "Enough activities" and "[Relative] likes carpet bowls and quiz." Suggestions for additional activities included singing and 'anything to do with music'.

Lucky, the homeowner's dog, was on site for one day of the inspection. We saw the official Pets As Therapy (P.A.T.) certificate displayed on the wall in the corridor. This assured people and their visitors that the dog had passed a rigorous assessment process and was deemed safe to mix with vulnerable people. We saw Lucky in the main lounge and it was apparent that there was lots of pleasure and admiration from people. People living at Maybank House benefitted from the contact they had with Lucky the dog.

We looked at how the service handled complaints. We found there to be a formal complaints procedure in place which was displayed on a notice board in the office. The service user guide also provided guidelines on how to make a complaint to the service and signposted people and their relatives to other organisations if they felt the complaint warranted escalating.

Neither people we spoke with nor their visitors had any complaints but knew what to do if they had. They were confident they would be listened to and appropriate action would be taken.

The service had undertaken regular surveys of people and their relatives. We saw a sample of returned questionnaires with feedback from June, August and December 2016. These questionnaires included comments about the laundry, meals, activities and the cleanliness of bedrooms. Comments from people using the service included, "The girls are very good," "Dad is well cared for," "We always comment on how nice it smells" and "We think you do fine."

We saw that the home had received compliments mainly in the form of thank you cards from relatives praising the care delivered by the service. The service had recently started a compliments book situated in the foyer. We saw one relative had written, "I cannot praise the staff at Maybank House highly enough."

Good

Is the service well-led?

Our findings

At the last inspection the service had appointed a new manager but they had not registered with the Care Quality Commission. At this inspection we saw that the registration had been approved. 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 a 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 was supported by a deputy manager and an assistant deputy manager, both of whom worked a seven days on, seven days off rota. The nominated individual also spent three days per week in the home. This meant that there was always one or more members of management present in the home should people or their relatives have a concern and want to approach them. We saw an entry in the communication book in August 2016 outlining a meeting between the registered manager, the deputy manager and the assistant manager. The purpose of this meeting was to talk about ways to move the home forward as a cohesive team.

A visiting health professional we contacted for feedback was complimentary of the registered manager and told us, " I have noticed a marked improvement in the management of the home since [manager's name] has been in post." They went on to say, "[Manager's name] is always on the ball and has the residents' best interests always at the centre of their plans. The manager appears to be extremely involved in looking after staff and ensuring that policies and procedures are followed."

All of the staff we spoke with said they felt comfortable approaching the registered manager if they had an issue. One member of staff told us the manager was hands on and would help whenever needed. We saw examples of this during both days of the inspection. We asked another member of staff if the home had improved under the new manager and was told, "Definitely. They go out of their way to explain things." Staff felt more involved and were proud to work at Maybank House. One care worker told us, "I love my job. I wake up every morning and I want to go to work."

We saw examples of management supporting staff and the measures that had been put in place to assist staff. One new recruit had disclosed to management at interview about an existing medical condition. We saw additional checks were in place for the employee when undertaking lone working tasks, for example when bathing, to ensure the safety and welfare of the person being supported and also for the member of staff.

Staff we spoke with confirmed that staff meetings had occurred and were every three months. They told us they were able to make suggestions in these meetings if they felt it would improve the service or benefit the residents. The staff meeting held in February 2017 prior to our inspection covered aspects of training, any staff concerns or issues and ways to encourage family involvement. The registered manager acknowledged that resident and relative meetings had not been held for some time and was trying to suggest alternative ways to engage with families. We saw that a cheese and wine afternoon had been arranged for March 2017

to make the meeting more informal and encourage attendance.

At our last inspection we had identified that no quality assurance checks were undertaken on aspects of the service. At this inspection we saw the improvements that had been introduced by the registered manager. We saw that they had commenced spot checks of the home in January 2016 as a result of the last inspection report. This involved weekly checks of the environment, observations of residents and staff and identifying any repairs that were required. We could see that these checks had made improvements. For example, torn furniture had been replaced and changes had been made to the laundry. This was on-going at the time of our inspection.

Care plans were audited on a three monthly basis or spot checked after changes in need had been identified and health and safety checks carried out on a monthly basis. Audits on medicines were also completed monthly with the last one carried out on 17th January 2017. This had identified a 'cluttered' medicines room and that the front sheets needed replacing in the MAR file. At the time of our inspection the medicines room was tidy however the front sheets had not been replaced. It was not clear on the audit whose responsibility this was. The manager should make it clear who the task is assigned to and check that the action has been done. We will check on this at our next inspection.

We saw examples of where the registered manager had responded to professional advice or recommendations. A recent fire risk assessment in February 2017 had recommended an additional 9kg water portable fire extinguisher. This was on order at the time of our inspection. A lift service undertaken in April 2016 had identified required maintenance work which had been ordered and carried out immediately.

The registered the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.