

Maria Residential Home (EMI) Limited

# Maria 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

About the service:

Maria 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.

Maria residential home accommodates up to eight people in one adapted building. At the time of our inspection seven people were living there.

People's experience of using this service:

Maria Residential Home is a family run organisation. At the time of our visit the service was going through a transition. The current registered manager was retiring, and the role was being handed over to one of the proprietor's sons. Another son was taking over the role of nominated individual.

People's views of the services included comments such as "It's a lovely place, I would recommend it to anyone" and "Long may they (care staff) continue to give the care and consideration they do," People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

However, we found a few areas that required improvements. These included adherence to the fire regulations, for example, not propping fire doors open and taking preventative measures to reduce the spread of potential fires. Other areas included the maintenance of records to ensure they were up to date and accurate.

Food was not always labelled in the fridge after opening. These all placed people at risk of harm. On the second day of our inspection we found most of the areas had been rectified. Plans were in place to address the remaining areas which could not be addressed immediately.

People told us they felt safe living in the home. Checks had been completed on essential safety apparatus such as safe water systems and hoists. Services such as gas and electricity had been maintained. People told us they were happy living in the service and had built up strong positive relationships with the staff. People were respected and treated in a dignified and caring way by staff.

People's nutritional and dietary needs were assessed, documented and care was provided in line with their needs. External professional provided professional advice when needed.

People were treated equally by the staff. Training was provided to staff the area of equality and diversity.

Staff were trained and knew how to protect people from the risk of abuse. Where concerns had been raised these had been dealt with appropriately.

Activities were available to people. They told us they enjoyed them. This protected them from the risk of

loneliness.

People received medicines from trained staff, however, we have made a recommendation about medicine administration. This is to ensure the service is up to date with current best practice.

We have also made a recommendation regarding the code of practice for the Mental Capacity Act 2005. This is to ensure records related to mental capacity assessments and the best interest process are produced. Complaints were dealt with effectively and efficiently.

Staff told us they felt supported by senior staff. The staff in the service were caring. They told us they worked well as a team. They respected each other and supported each other. They received support from the provider and the registered manager. They also received support through regular training, supervision and team meetings.

We found a 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.

Rating at last inspection:

The last inspection the service was rated Good. (Published 10 November 2016)

Why we inspected: The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Maria Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by a social care inspector.

#### Service and service type

Maria Residential Home provides residential? Suggest accommodation? and personal care for up to eight older people. At the time of our inspection there were seven people living in the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced, which meant they did not know we were coming to inspect the service.

#### What we did

Before the inspection we reviewed the information, we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and reviewed the Provider Information Return (PIR). The PIR 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.

During the inspection we spoke with seven members of staff including the registered manager; two service development officers, the proprietor, a senior care worker and two support workers. We observed staff interacting with people and supporting them.

We looked at records relating to the management of the service including two people's support plans and associated records. We reviewed the medicine administration records for one person and inspected a staff file including recruitment records. We checked records of accidents and incidents. We reviewed minutes of meetings and a selection of quality assurance audits and health and safety records. We spoke with two people who lived in the service, a person who had used the service for respite care and their relative.

# Is the service safe?

## Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- On arrival we found a few areas that concerned us about the safety of the service. For example, some fire doors were propped open using door wedges. Batteries in the kitchen bin (which allowed the lid to be raised without touching the bin) needed replacing. Food in the fridge was passed its use by date and was no longer safe to eat or drink. We could tell whoever was responsible for the oversight of such areas had not fulfilled their role thoroughly.
- We discussed our findings with the service development officers, they were disappointed by our findings and reassured us action would be taken to address the concerns.
- On the second day of our inspection all the areas we had discussed as concerns had been rectified or plans had been put in place for them to be resolved, for example, fire guards had been ordered for fire doors to enable them to be kept open safely. Batteries had been replaced in the bins and food stocks had been checked.
- It was acknowledged during the inspection the management of the service would soon be changing. The registered manager was retiring and the roles of registered manager and nominated individual, would be taken over by the two service development officers. We were assured systems would be put in place to monitor such areas, to prevent a recurrence.
- Environmental risk assessments were in place, these covered such areas as security, falling objects and cross infection amongst others.
- People told us they felt safe living in the home, comments included "I do feel safe here, yes, they look after you well" and "I feel secure here, there is always someone to talk to if you need to or you are worried."
- Checks were made on the equipment and supplies for example water safety checks, including Legionella. Other checks included an electrical installation certificate, gas safety and emergency lighting checks. The building had not been checked for the presence of asbestos. We were assured by the service development officer this would be carried out soon.
- A fire inspection had been carried out by the local fire officer on 20 November 2017. The fire officer had made recommendations for improvements to the safety of the service. Whilst a plan was in place to rectify some of the concerns, these had not been completed. We also found fire evacuation plans needed updating. The provider agreed to seek advice from the fire authority. In the basement which was used by staff we found three electrical extension leads had been plugged together. This was not safe as it posed both a trip and fire hazard.
- We recommend the service seek advice from a reputable source regarding the health and safety of the building.

Using medicines safely:

- People received their medicines by trained staff who had had their competency assessed.
- We observed lunchtime medicines being administered by a staff member. This was carried out in accordance with good practice. However, they were not wearing any personal protective equipment (PPE) such as gloves. The staff member washed their hands but they touched the tablet with their fingers. This meant the tablet had been contaminated. They discarded the medicine and started the process again. They told us they had not recorded that they had destroyed the medicine. This meant there would not be a clear audit trail of medicines.
- "When required" PRN protocols were not in place to guide the administration of 'as required' medicines.
- Opening dates for medicines were not recorded, this meant it was not always clear if medicines had past their shelf life. We were told this had been rectified during our inspection.
- We recommend the provider seeks guidance from a reputable source regarding the safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse:

- Staff were aware of how to identify and report concerns of abuse. Where concerns had been raised these had been followed up appropriately by the provider.
- Staff were aware of types and possible signs of abuse. They understood their responsibility to report and record concerns.
- Safeguarding concerns that had been raised in the service had been dealt with appropriately. The provider was clear about how to protect people from abuse.

Staffing and recruitment:

- Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address.
- People told us there were satisfactory staff numbers to meet their needs. From our observations people's needs were being met by adequate staff numbers, however advice was being sought from the fire service to ensure sufficient staff were available to support people at night, if there was a fire.

Preventing and controlling infection:

- Staff had received training in infection control and how to prevent cross contamination. Safe infection control techniques and systems were in place to reduce the risk of contamination. An infection control audit had been completed in January 2019. An action plan had been put in place to address areas that needed improvement. For example, an infection control lead is now in place for the service.

Learning lessons when things go wrong:

- When accidents or incident occurred, lessons were learnt and where possible themes identified. Information was shared with the staff, and where appropriate they drew up measures to prevent a reoccurrence.



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the service.
- Risks in relation to the care provided to people and the environment had been assessed. Guidance was available to staff on how to minimise the risks. For example, how to support people with moving and repositioning.
- Care plans reflected people's physical and psychological needs. The provider was looking to improve the care planning records through the introduction of electronic records.

Staff support: induction, training, skills and experience:

- New staff attended an in-house induction and completed The Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. These involved observations of staff performance and tests of their knowledge and skills. Documents verified this. The provider supported staff with training in the areas they deemed as mandatory learning, for example, moving and handling.
- Staff received support and feedback on their performance through regular supervision and annual appraisals. Team meetings were held to enable staff to share ideas and feedback.

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

- Care plans reflected people's nutritional and hydration needs. Their risk of dehydration and malnutrition was assessed. Where people required additional equipment or resources to enable them to eat and drink this was provided. At the time of our visit nobody required a special diet.
- Food appeared to be appetising and nutritious. People appeared to enjoy their meals. On the whole comments about the food were positive. They included "The meals are excellent... [Named proprietor] is an excellent cook." "The best thing is the food" "Meals are fantastic." People were given a choice of what they wished to eat, suggestions were given to those who were unable to decide for themselves.
- At lunchtime, we observed people were given one to one support if needed. We saw this was done in an unhurried way, with interaction between the person and the staff member.

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

- Specialist professionals and agencies were involved in the lives and care of some of the people living in the service. For example, some people were funded by the local authority, they would monitor the service received by the person.
- Records demonstrated staff worked closely with external professionals to ensure people's needs were met. The provider's Information return (PIR) stated "MRH (Maria Residential Home) works in close relationship

with the GP, Buckinghamshire County Council, Community psychiatric team, and other relevant health care professionals to ensure a safe and well organised provision of care for service users." We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs. Where advice was given this was recorded in people's care files. This enabled staff to provide appropriate and safe care to people.

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

- The service operated from what was previously the proprietor's family home. Since that time alterations and an extension had been made to the building. The building appeared to be in a fair state of repair.
- People were able to personalise their bedrooms to assist them to feel at home and in familiar surroundings. All other areas were communal areas, such as shared bathroom, dining area, lounge and conservatory. Some changes were being made to the outside area to ensure people's safety. For example, alterations were to be made to the patio area to ensure its safety.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were actively encouraged to participate in making choices about their lifestyle and care. Staff were aware of how the MCA applied to the lives of the people they cared for. Some people told us they were able to make choices about the care they received. However, for those people who lacked the capacity to express themselves, there was a lack of documentation around mental capacity assessments and the following of the best interest process. We were given assurances going forward these would be recorded in people's care plans.
- Where people were being deprived of their liberty, applications had been made to the supervisory body for approval. This ensured any restrictions were in people's best interest and carried out in the least restrictive manner. Conditions for restrictions were being fulfilled by the provider.

We recommend the provider seeks advice from a reputable source regarding the documentation of the Mental Capacity Act 2005 code of practice related to mental capacity assessments and the best interest process.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- The provider had an equality policy and staff had received training in equality and diversity awareness.
- The provider's PIR stated "All staff undertake yearly equality and diversity training. Staff are evaluated from an early stage to assess their understanding of Human Rights principles by means of supervisions centred and themed around; fairness, respect, equality, dignity and autonomy with real life day to day examples and discussion." Records verified this.
- One person's relative wrote to the service, following his wife's respite stay in 2017. We spoke with the relative and they gave us permission to include part of their letter to the proprietor in our report. The letter stated. "Your family and staff opened your hearts to her and looked after her. With care, consideration, reassurance, love and devotion, the kindness shown and given was wonderful...She started to regain her confidence in herself and began the journey back to her comfort zone. I cannot thank you enough for giving me back my dear wife and mother."
- The person confirmed to us how positive their experience was of staying in the service. "It was great, I was treated like one of the family. I was given the freedom to do what I wanted." They told us "Everyone is treated as equals, they(staff) treat you as you want to be treated. "
- Other people told us "The staff are quite good, they are nice and kind" and "This is a lovely place I would recommend it to everyone. There is always someone to talk to, [Named proprietor] is lovely too, she will talk to you and listen...The staff are very good I can't fault them.... They (staff) don't treat anyone differently, they treat everyone the same, it more like a family."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence:

- Where people were able to they were involved in making decisions about the care they received. One person told us "I want to try to be as independent as possible. I want to do as much as I can...I am doing it bit by bit. I have everything I want, that is love and affection. I have found people in here I can trust and talk to rather than talking to myself. The staff know what they are doing they are very good, they help me."
- We observed people being treated in a dignified and respectful way by staff. At lunchtime people were given the choice of wearing an apron or not to protect their clothing. We also noted staff knocked on people's bedroom doors before entering.
- We observed positive interactions between people and staff. Staff were patient, kind and gentle with people when supporting them with care. Staff engaged well and there was lots of conversations and laughter between people and staff. Staff were discreet when speaking to people and were alert to any concerns people had.
- One staff member told us how it was important for the staff to build confidence and have a good relationship with people, as this would enable the service to "flourish".

- Another told us how they respected people by not speaking about them in front of others and the importance of privacy. They also felt giving people choices was an important way to show respect and protect people's dignity.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The provider's PIR stated "Staff are also mandated to read and understand the homes policies on the aforementioned principles which are further included in each service users care plan within the upholding principles of Good Care section. Implementing a new Protected Characteristics Assessment (PCA) during initial assessment and during compilation of a person-centred care plan. Staff are informed of the importance of recognising PCA and how to ensure that these characteristics are respected, and individuals safeguarded."
- The service identified people's information and communication needs by assessing them. Senior staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- We discussed how communication for people who did not verbalise could be improved using photographs and pictures. Senior staff were enthusiastic to develop this.
- We observed how people were treated with respect regardless of their age, disability, gender or culture.
- Activities were provided for people to participate in and enjoy. We observed people joining in with a music and movement session, watching TV, colouring and playing board games. Outings were provided for people who wished to participate in shopping and visiting cafes.
- Records had been developed to assess people's enjoyment of activities, so they could evaluate what activities the person enjoyed most and least. In this way they could engage people in activities to prevent the risk of social isolation.

Improving care quality in response to complaints or concerns:

- People told us they had not had to raise any complaints, but they would feel comfortable doing so if they needed to. Where people had raised complaints, these had been recorded and appropriate action had been taken to investigate and resolve the situation. Where learning could take place to improve the service to people, this had happened.

End of life care and support:

- The service was "Aiming to get involved with an end of life care accreditation scheme, to aid us in providing sensitive end of life care in a manner that respects and maintains the service user's dignity but most of all to fulfil their needs in a caring manner." At the time of our visit, not everyone had an end of life care plan, however, this had been recognised as an area that required development. Contact had been made with the local Clinical Commissioning Group (CCG) who were expanding this initiative.

# Is the service well-led?

## Our findings

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The proprietor had worked and managed the service for 26 years. It was felt by the family that the younger generation needed to take the helm and allow the registered manager to retire. At the time of our visit roles and responsibilities were being reviewed, and discussions about the future were taking place.
- Although audits and quality assurance work had taken place they had not identified or addressed the issues we found. This included records not always being up to date and accurate.
- Fire prevention work had not been completed in a timely way and compliance with fire regulations was not evident of the first day of our inspection.
- There had been a lack of management oversight of the service in the recent past which had led to these omissions.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received assurance and we saw examples of the service development officers putting systems in place to address any areas of concern.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People's relatives were asked for feedback using a questionnaire on the quality of the service. Their responses were mainly positive. Where minor issues had been identified, these were being addressed by the senior staff. People were given the opportunity to feedback at any time. Resident's meetings were held to give people the opportunity to speak about the care and any changes or ideas they had for improving the service.
- People told us they believed the service was well led. This was because their needs were being met and the quality of the care was good. One person who received respite care told us "When it came time for me to go home I was really tearful." They explained if they ever needed care in the future "If they had room for me I would come straight back". Another person told us "They (staff) are a family to me, a family I never had." People were treated as individuals and the value placed on their relationship with the proprietor was evident. People described them as "Lovely" "Excellent" and "Attentive".
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC).

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake a number of actions. We checked if the service was meeting the requirements of this regulation.

- We found there was a culture of openness and honesty. Records of staff meetings confirmed incidents were discussed, this allowed the staff team to share thoughts and learn from each other. The senior staff were aware of the duty of candour and their responsibility to implement this.

Continuous learning and improving care:

- Records demonstrated when opportunities for the service to learn or improve occurred these were viewed positively. Due to the risk of conflict of interest between family members, the engagement of an external consultant or agency was discussed and was being considered. This would allow the service to be reviewed impartially and any issues identified and addressed. This would drive forward improvements in the service.

Working in partnership with others:

- Records showed how the provider worked alongside other professionals to provide appropriate and safe care to people. These partnerships included a local GP; district nurses, ophthalmology and dentistry. This ensured people's health was maintained and any advice was included in people's care plan.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); Regulation 17 (1) (2) (a) (b) (c) (d) (i) (ii)</p>