

Maria Residential Home (EMI) Limited

Maria Residential Home

Inspection report

Silver Birches
Kendalls Close
High Wycombe
Buckinghamshire
HP13 7NJ

Tel: 01494530042

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection of Maria Residential Home on 18 October 2016.

Maria Residential Home is a family run care home registered to provide care and accommodation for up to eight older people with dementia. At the time of the inspection there were seven people living at the home. The home does not provide nursing care.

There was a registered manager in post. 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.

At the last inspection on 24 April 2015 the provider was in breach of four regulations. We asked the provider to take action and make improvements in relation to the management of medicines, notifying the Care Quality Commission of significant events or incidents, improve the quality assurance processes and to ensure fire risk assessments were in place and regular fire alarm tests were undertaken to protect people from potential harm. The provider sent us an action plan outlining the actions they were going to take. At this inspection we found improvements had been made and the provider had completed these actions.

People and their families told us they felt safe at Maria Residential Home. Staff understood their responsibilities in relation to safeguarding people. Staff received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the authorities where concerns were identified. People received their medicine as prescribed.

People benefitted from caring relationships with the staff. People and their relatives were involved in their care and people's independence was actively promoted. Relatives and staff told us people's dignity was promoted.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff sought people's consent and involved them in their care where possible.

There were sufficient staff to meet people's needs. Staff rotas confirmed planned staffing levels were maintained. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable to undertake their care role.

People and their families told us people had enough to eat and drink. People were given a choice of meals and their preferences were respected. Where people had specific nutritional needs, staff were aware of, and ensured these needs were met.

Relatives told us they were confident they would be listened to and action would be taken if they raised a

concern. The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the Registered Manager and all of the team at the home. Staff supervision and other meetings were scheduled as were annual appraisals. People, their relatives and staff told us all of the management team were approachable and there was a good level of communication within the service.

Relatives told us the service was very friendly, responsive and very well managed. Comments received included "its home from home". The service sought people's views and opinions and acted on them.

The management teams' ethos was echoed by staff and embedded within the culture of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and their relatives told us people were safe. Staff knew how to identify potential abuse and raise concerns.

There were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people were identified and risk assessments in place to manage the risks. Staff followed guidance relating to the management of risks.

People had their medicine as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and people's nutrition was well maintained.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People and their relatives were involved in their care.

The provider and staff promoted people's independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to moving into Maria Residential Home to ensure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people. People were supported in their decision about how they wished to spend their day.

Relatives knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture and the provider shared learning and looked for continuous improvement.

People, their families and staff told us there was good management and leadership in the home.

The service had systems in place to monitor the quality of service.

Staff knew how to raise concerns.

Maria 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.

This inspection took place on 18 October 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We sought feedback from the commissioners of the service and other stakeholders.

During the inspection we spoke with three people who used the service and four relatives of people who lived at Maria Residential Home.

We looked at three people's care records, medicine administration records, two staff records and records relating to the general management of the service. We spoke with the Registered Manager, the Chief of Care Staff (CCS), Assistant Manager, Service Development Manager (SDM) and three care staff.

Is the service safe?

Our findings

At our comprehensive inspection on 24 April 2015 we found concerns relating to the safety of people living in the service. This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our April 2015 inspection the provider sent us an action plan telling us how they were going to meet their legal requirements.

At this inspection we found that improvements had been made. Changes had been made to systems for checking in medicines and people's medicines were managed safely and people received their medicines as prescribed. Medicine administration records (MAR) were printed and contained all information related to the administration of people's medicines. Systems and protocols were in place to monitor medicines and ensure people had access to their prescribed medicines and medicines that were 'as required' (PRN), including pain relief.

We observed the administration of medication. The CCS administered medicines in a caring and supportive way. People's choice was respected as they were given the option of receiving their medication in their bedroom or in the lounge. The medication was explained to people and why it was needed, for example to help the person with pain and how it would make them more comfortable. The CCS confirmed the person wanted to take the medicine before passing it to them and offering them a drink. They stayed with the person until they were sure the person had taken the medicine and checked the person was comfortable before leaving them.

All prescribed medicines were available and stored safely. Medicines were kept in lockable cupboards in people's bedrooms. The CCS held the keys to the individual cupboards which stored people's medication.

Records had been clearly completed and were kept of all prescribed medicines received, administered and disposed of. The provider had a detailed medicines policy in line with current national medicines guidance which was available for staff responsible for the administration of medicines. The medicines policy was followed on the day of our inspection.

Staff had received medicines training and their competency was assessed. There were monthly medicines audits. These audits monitored the management of medicine to ensure they were safe. However there were some gaps in the audits. We discussed this with the SDM who agreed to carry out a review and provide us with a schedule of actions.

People and their relatives told us they were safe. Comments included; "I feel they do everything they can to keep her safe", "Safety is good for people in the home", "I am confident that Mum is safe here" and "Very safe as [relative] is very happy and very settled here". One person told us how the staff made sure their relative was comfortable and safe as they ensured an inflatable cushion was placed under their feet. Another person told us that they felt their relative was safe as the home had addressed an incident where the person had fallen immediately and made changes to ensure the person's safety was improved.

Staff said people were safe. People had equipment to enable them to move around the home safely and staff were aware of when this equipment should be used. We saw people were transferred safely, for example, from their wheel chair to a lounge chair by care staff. One staff member said; "Yes definitely safe, we have hoists to use and people have bed rails if needed and the home is secure".

Staff had completed safeguarding vulnerable adults training. Staff we spoke with were able to tell us about the different types of abuse and the signs that might indicate abuse. Staff had a clear understanding of their responsibilities to report any concerns and were aware of which outside agencies they could report to as well as their own management team. One member of staff said, "I would report anything and I have contact numbers available for the local authority and social services".

People's care plans contained risk assessments and included risks associated with: falls; nutrition; pain; medicines and use of bed rails. Where risks were identified care plans were in place to ensure risks were managed. For example, one person was assessed as at risk of falling from their bed. The person's care plan identified that bed rails were needed. We saw the person had the required equipment in place. Another person was assessed with regard to their behaviour. Details were clear in this person's care plan of how to manage the person and what actions to take to protect them and other people from harm. We saw one person's care file which stated they needed their weight checked every week. However, these checks had ceased in June 2016. We discussed this with the SDM who said this was an oversight and that the person no longer required these regular checks as their weight had stabilised. We reviewed the records which confirmed this. They agreed to update this person's care plan immediately. Risk assessments were regularly reviewed to ensure the measures in place were managing the risk effectively.

Accidents and incidents were recorded and changes made to mitigate against them reoccurring. For example, the introduction of bed rails where necessary for people.

Arrangements for emergencies were in place. We saw people had a section at the front of their care plan which detailed the persons individual needs in case of an emergency, for example, their mobility needs and medication.

Relatives told us there were enough staff to look after people safely at Maria Residential Home. Comments included "Yes there are enough staff to look after people, it has improved since new staff have started" and "Staff have recently changed, there are enough and are fully supported by the family who run the home". Throughout the inspection we saw there were enough staff to support people.

Records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

There were effective systems to monitor the safety of the environment and equipment. Records were accurate, complete and up to date in relation to monitoring of electrical and fire systems.

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. Staff had completed training which included; moving and handling, nutrition and diet, person centred care, pressure care, death, dying and bereavement and dementia care. New staff completed an induction and were supported by more experienced staff until they felt confident to work alone. Staff were complimentary about the training provided and were able to request any additional training they felt would improve their skills and knowledge. One staff member said, "Training is regular, there are updates and additional information available".

Staff felt well supported by the management at Maria Residential Home. Staff had regular supervision on a bimonthly basis. They told us it was an opportunity to discuss any concerns and development needs. If staff needed additional support then supervision would take place more frequently. One staff member commented "Very well supported and it's a good place to work". Another staff member said "Yes I am very well supported here, so comfortable here, does not feel like its work".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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.

We saw people's capacity had been assessed in their 'planning and decision making' section of their care plan. However, although it was recognised some people had difficulty in making decisions, some assessments had not identified which decisions the person had difficulty with. We discussed this with the SDM who agreed to review peoples care plans and ensure individual decisions were identified.

The management team demonstrated a clear understanding of their responsibilities in relation to MCA and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the supervisory body where an assessment had identified the person lacked capacity to consent to the deprivation. Care plans contained records of best interest decisions made where people were assessed as lacking capacity to make specific decisions. For example, one person was at risk if they were allowed to leave the home. There was a mental capacity assessment which identified the person lacked capacity to understand the risks associated with leaving the home. A best interest process had been followed involving relevant people and the decision was made to restrict the person from leaving Maria Residential Home. DoLS applications were kept under review to ensure that people were being supported in the least restrictive way.

People had enough to eat and drink. Comments from people and their relatives included "The food is nice and we get a choice"; "[relative] likes her food, has a choice and the home accommodates different tastes, it's all home cooked daily" and "The food is good, mum likes the food. If someone refuses food, they coax them and are patient and ensure people have enough to eat and drink".

People were asked what they would like for their lunch on the morning of our visit. They were given a choice

of three main courses, sausages, mince beef or chicken casserole. One person asked for a curry and the CCS said, "Yes I can make you a curry if you wish". Care plans contained information about their dietary preferences and details of how people wanted to be supported. We observed the lunchtime experience for people. Where people required support, this was provided in a dignified and patient manner. The care worker took their time when assisting people and talked to people throughout the mealtime. One person refused their meal. The care worker respected their wishes and we saw they returned a few minutes later to encourage the person to eat.

People had access to health professionals when required. People's care plans showed people had been supported to see health professionals, for example their GP. Visitors told us they were kept informed of any health concerns regarding their relative. Comments included, "They know if [relative] is ill very quickly and contact me" and "[relative] had chest infection, they got her straight to hospital and they let me know straight away".

Is the service caring?

Our findings

People told us staff were caring. They said "Best lady in the land (Chief of Care Staff)"; "Staff are nice, they go beyond what they need to do" and "Lovely staff and very nice, both the new and old staff". Relatives also gave positive feedback about the care staff. They said, "Very caring, for example they are patient and I have seen them put the cup in people's hands and assist them to drink"; "Staff are lovely and could not do more for your relative"; "Excellent, very patient, very understanding and could not ask for better"; "[relative] is happy as she can be and always looks well and has a drink close by always"; "It's a family run home and they look after her so well" and "If it was a school, then it would be rated Outstanding".

Staff knew the people very well. We saw positive interactions between people and staff. There was a jovial and relaxed atmosphere in the home and people had a banter with the staff. One staff member said, "Care is about respect and understanding of their (people's) past and it's about respectfully giving people their identity". Another staff member said, "They (people) are the 'stars of the show', they are so important to us" and "I feel confident with them so they feel confident with me, it's like your own home working here".

People and their relatives were involved in their care and reviews of their care. We saw care plans were written with the involvement of the person and their relatives who told us they were involved in the reviews. One person told us how their relative was very unsettled when they first came to live at Maria Residential Home. They said how pleased and relieved they were at how quickly their relative had settled. The person's independence was maintained as they used go out walking a lot and the home encouraged the person to move freely around the home. We saw friendships had been formed between people in the home and the staff encouraged people to maintain these. For example, by ensuring they ate together and had their own 'space' in the lounge. One person told us how they chose their clothes in the morning from the wardrobe, they said "Staff show me and I chose what to wear". They also said "They give me a choice, I can stay in bed if I wish longer, it's not a problem". Staff told us they recognised the importance of confidentiality. One staff member said, "I know not to discuss anything about people outside of the home, the only people I can talk to about people's care is other staff members and health professionals".

Staff spoke with us about positive relationships with people and how they enjoyed working at the home. Staff comments included; "It's not like going to work as it's just one big family"; "We have very good relationships with families"; "It's their home and they like to know what is going on" and "The one to one contact with people is really nice and it's a relaxed atmosphere".

People's dignity and privacy were respected. When staff spoke about people they were respectful and they displayed genuine affection. The language used in care plans was respectful. One member of staff explained how they promoted people's dignity. They said, "At mealtimes I will let them eat unaided as far as possible and only assist where needed"; "I take the time to try again and try different approaches with people"; "I knock on people's bedroom doors and ask if I can go in and I always talk about what we are going to help them with" and "It's nice talking to people as you find common interests and this enables you to have really good conversations with people, for example about children".

Is the service responsive?

Our findings

People were assessed prior to moving to the home and assessments were used to develop personalised care plans.

Care plans included detailed information relating to people's life histories, what and who was important to them, their likes and dislikes. The information enabled staff to know about people's pasts and tailor people's care to meet their specific needs. One member of staff told us, "It's about knowing the person, respecting their choice" and "It enables us to be aware of people's behaviours and to get to know people really well".

People were supported to spend their day as they chose. They were encouraged and supported to participate in activities that interested them. One care staff member told us how they would sit with people and talk about their children. They said "It creates triggers for people to remember the past and reminisce". Relatives told us how members of the family that ran the home would bring their children in to see people. One relative said "Their faces light up when they see them, it means so much to them". We saw staff had the time to spend with people on a one to one basis. The home had a fish tank and one staff member was talking with the person explaining the different type of fish. The person was engaged with the staff member and asked questions.

One staff member told us about activities they undertook with people, for example, hand massage, music to movement, flower arranging, mind games and audio books. On the day of the inspection we saw people were being encouraged to match pictures of objects on a board, this stimulated some people and people engaged with their family members to discuss the activity. Some relatives made comments that the activities available for people were not as frequent as previously. We discussed this with the SDM, they told us they had 'reminisce' boxes for people, but due to the building work these had not been available. We saw the building work was near completion and the SDM confirmed these would re-introduce these immediately for people.

There were accurate, detailed records relating to health conditions and on-going treatment plans. For example, one person was a diabetic and received a daily visit from a district nurse to administer their medication. There was a diabetic care plan in place which recorded the visits and the checks done by the district nurse. Care plans were reviewed monthly to ensure information was kept up to date.

One person told us how the home had been very responsive to their relative's needs. They said CCS had recognised the relative needed some new clothes to accommodate their current health condition. They said the CCS went out of their way to find suitable clothing and after checking with the person, they purchased the clothing for the relative. This demonstrated the home had recognised the changing needs of the individual.

There was a complaints policy and procedure displayed in the home. The people we spoke with told us they had not made a complaint but told us they would raise any concerns with the CCS or one of the family and

were confident they would be addressed promptly. One relative told us, "It's all good. No complaints. The manager checks all is going well". Another said, "There is a complaints leaflet. I would say if there were concerns I have every confidence that things would be sorted quickly and without a fuss".

One relative told us about a concern they raised a few months ago, they said "The home sorted everything out and I am more than happy" another person said "I requested that my relatives door is kept unlocked so that they can access their room at any time, they actioned this straight away".

Staff told us they were able to raise concerns and got support if people's needs changed. One staff member said "Definitely, yes I can make suggestions and how to involve people in their care and changes will be made".

Is the service well-led?

Our findings

At our comprehensive inspection on 24 April 2015 we found the provider was not always notifying the Care Quality Commission about some incidents. This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have an effective system in place to enable them to regularly assess and monitor the quality of services provided. This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider did not follow their policy and procedure to ensure the fire risk assessment was regularly reviewed to ensure it was up to date or undertake regular fire drills. Following our April 2015 inspection the provider sent us an action plan telling us how they were going to meet their legal requirements.

At our inspection on 18 October 2016 we found the provider had taken the necessary actions to meet the regulations.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Systems were in place to monitor the quality of the service. Audits were carried out and included audits of: risk assessments; medicines; infection control and people's weights. These audits were reviewed by the CCS, the Deputy Manager and or the SDM. If any anomalies arose, these were addressed by the provider. This was to ensure the quality was maintained and improved. We viewed the audits which had taken place of medicines and fire checks and found them to be regularly reviewed.

People and their relatives were encouraged to feedback about the quality of the service. There was a suggestions box in the reception area at the home and people said they speak with the staff on a daily basis and there is always someone available to discuss people's care. A survey had recently been sent out. Feedback was used to make improvements. For example, changes were made as a new television was purchased which larger for people to watch and it had been repositioned in the lounge so that all of the people could view it easily. A further suggestion had also been actioned as the bathrooms had been refurbished and a new staff bathroom had been installed. This showed the service listened to people and were willing to make changes in the interests of people who live at Maria Residential Home and the staff.

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records.

People and their relatives were complimentary about the management of the service and in particular the CCS, and also the family members who assisted in running the service. Comments included: "Best lady in the land"; "It's a family run home and they always have fun with the residents"; "They always give that special touch, (CCS) is especially good"; "CCS is passionate about her work and caring for the elderly is her vocation" and "The service is so good I have never ever felt the need to change the home". Other comments received included; "Always making improvements around the home without prompting. For example,

changing the curtains and carpets" and "If something goes wrong, they are always willing to learn from any mistakes and make changes".

Staff told us they had confidence in the service and it was well managed. Staff comments included; "I can approach the registered manager or the CCS with ease if I have any problems, they are helpful"; "I am really clear about my job role, it's really good here"; "We have good relationships with families and staff, it's a good team" and "There is a lot of effort that goes into the running of the home and people's care".

Accidents and incidents were recorded and identified actions taken to minimise the risk of further occurrences. There were systems in place to review these incidents and to identify any trends. Staff told us that learning from accidents and incidents were shared through staff meetings and briefings. One staff member said "We are kept up to date with any incidents and changes in people's care at our weekly meetings".

Services are required to display their most recent ratings on their website and at the provider's principle place of business. Ratings of the April 2015 inspection were not displayed on the services website or in the office. We discussed this with the assistant manager and the SDM, they took immediate action on the day of the inspection and we have confirmed they have displayed their most recent CQC report in the home.