

Maybank House Limited

Maybank House

Inspection report

588 Altrincham Road
Brooklands
Manchester
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Tel: 01619986566

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07 August 2019

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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

About the service:

Maybank House is a residential care home that is registered to provide personal care and support for up to 25 people over the age of 65, including those living with a diagnosis of dementia. On the days of the inspection there were 16 people living at the home.

Maybank House is a large detached house situated in the Brooklands area of Manchester, accommodating people in one adapted building, with a large garden to the rear of the home.

People's experience of using this service and what we found:

Staff were aware of risks specific to individuals and risks posed by the environment and were guided with information and instruction on how to reduce these to keep people safe. Systems and processes relating to legionella checks had improved. Temperatures at which medicines were being stored at were now being monitored and accurately recorded. The home had robust ways of working that ensured people were kept safe when receiving medicines.

The meal time experience was a good one for people. People's specific dietary needs were communicated to all staff. Staff employed in the kitchen were aware of any recommendations made by health professionals. The supervision of staff had been a priority for the new management team and staff felt supported and valued.

People spoken with said they were well cared for. People were supported to have maximum choice and control of their lives and staff did this in the least restrictive way possible; the policies and systems in the service supported this practice. People received a healthy diet in line with their assessed needs. People had access to health care as required.

Care plans and assessments were in place which identified the areas of support people wanted and needed. People's views and opinions were sought on the service via surveys and meetings. Relatives were also consulted. Themed meetings had been introduced to encourage people to attend and participate. The service had a complaints policy and people we spoke with knew how to make a complaint. Suitable arrangements were in place to respond to any complaints and concerns.

Systems and procedures were in place to monitor the quality and effectiveness of the service. At this inspection the registered manager had introduced a variety of audits to identify areas of good practice and areas for improvement. We saw that audits of the service had been completed, were documented and demonstrated that the registered manager had oversight of the service.

At this inspection we found improvements had been made in all areas of the service. We will continue to monitor information and intelligence about this service to ensure these are sustained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last inspection of Maybank House took place on 16 and 17 May 2018. The last rating for this service was requires improvement (published 24 July 2018). There were three breaches of regulation in relation to safe care and treatment, consent and good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations. The service has improved to good.

Why we inspected:

An unannounced comprehensive inspection was undertaken on 6 and 7 August 2019. This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Maybank House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection was undertaken by one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Maybank House is a 'care home', providing care and support for up to 25 people, some living with a diagnosis of dementia or other health conditions. 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. At the time of the inspection there was a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission. The registered manager 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 first day of inspection was unannounced. The second day was by agreement. The inspection was carried out on the 6 and 7 August 2019.

What we did

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and another health professional involved with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 14 people who used the service, two relatives and a visiting health professional to ask about their experiences of the care provided. We spoke with the registered manager, the deputy manager and five other members of staff. We reviewed a range of records. This included four people's care records, four staff files, staff training and supervisions and records around the management and monitoring of the service. We looked at a variety of records about medicines and checked medicines for four people.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant aspects of the service were safe and there were assurances about safety.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Systems and processes relating to legionella checks had improved. The registered manager was now the nominated Responsible Person to deal with the checks associated with water safety, for example the sanitisation of showerheads and the flushing of infrequent outlets. These were delegated to relevant staff members, for example the maintenance and domestic team.
- Risk management plans were in place and were accessible to staff. Risk assessments explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Risk assessments were updated following significant events, such as an accident.
- Staff knew people well and described the actions they took to manage risks. For example, staff outlined the specific approaches they used to reduce people's levels of anxiety and to help a person move safely around the home.
- Emergency plans were in place including information on the support people would need in the event of a fire.

Using medicines safely

- The home had robust ways of working that ensured people were kept safe when receiving medicines. A new deputy manager had recently been appointed and had overall responsibility for medicines. Temperatures at which medicines were being stored at were now being monitored and accurately recorded.
 - Medicines were obtained, stored, administered and disposed of safely by staff. The registered manager had limited the number of staff authorised to administer medicines at the time of this inspection. This was to ensure the safe administration of medicines. Staff were to be retrained and competency checked before administering medicines in the future.
 - There was appropriate information in medicine files regarding people's medical conditions and about medicines taken on an 'as required' (PRN) basis, for example PRN protocols. One person told us, "I have never been without my medication; I get it three times a day without fail."
- Staffing levels and recruitment

- On both days of the inspection we saw sufficient numbers of staff were employed to meet people's needs. Care and support were provided promptly during the inspection.
- At night there were two care workers on duty. People told us they felt safe during the night.
- Staff files we looked at during the inspection showed recruitment practices were safe. This included carrying out disclosure barring service (DBS) checks and seeking references from previous employers. DBS checks help employers make safe recruitment decisions as they identify if a person has had the provider any convictions or cautions. We queried the validity of one reference and the registered manager took prompt action to address this.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise any concerns with staff. People told us they felt safe living at Maybank House. We received the following comment, "I am safe here; I have a buzzer nearby." One family member told us, "Where my [relative] used to live, he wasn't safe, but he is in here." Another person told us they had not needed to use their buzzer as staff carried out regular checks on them day and night.
- Information and training provided staff with guidance about what to do to make sure people were protected from harm or abuse. Staff were able to tell us what steps they would take if they suspected people were being abused.
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken ensure people's safety.

Preventing and controlling infection

- Staff had access to disposable gloves and aprons when providing personal care and hand sanitizers were situated around the home.
- There were no malodours around the home on both days of our inspection. People and family members, we spoke with spoke highly of staff with regards to the cleanliness of the home.

Learning lessons when things go wrong

- The registered manager had dealt with a safeguarding incident involving inappropriate administration of medicines by an ex-employee.
- The registered manager could demonstrate transparency and a duty of candour in reporting the incident to the required agencies. The local authority safeguarding team, the commissioner, DBS and CQC had all been notified.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the service had not gained consent from people or appropriate representatives in relation to receiving care and treatment or medicines. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 11. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. On this inspection care plans now demonstrated people had been consulted and involved in making day to day decisions and ensuring the appropriate consent had been gained.
- Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.
- Where required, DoLS applications had been submitted to the local authority. People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. Where appropriate, healthcare professionals were involved in this process.

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

- Prior to a person being admitted to the service a pre-admission assessment was completed to ensure individual needs could be met. The needs of the people currently living in the home were also taken into

consideration.

- The pre-admission assessment gathered information relating to people's medical, physical and emotional needs including levels of support required and any known risks.

Staff support: induction, training, skills and experience

- Staff received the training they required to do their job which included care related topics as well as health and safety issues. One relative told us, "If I was a tad concerned about staff training, I would say. They are excellent; [my relative] loves them [staff]."
- The supervision of staff had been a priority for the new management team. Staff we spoke with felt supported and valued supervision sessions. Staff had also received an annual appraisal.

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

- The service had been awarded a food hygiene rating of five stars, the highest rating possible.
- People's specific dietary needs were communicated to all staff. Staff employed in the kitchen were aware of any recommendations made by health professionals, for example, the speech and language team. Care staff knew what kind of assistance people required when eating meals. We spoke with a care worker covering the role of cook on the second day of our inspection. They were aware of people's dietary needs, for example those who were diabetic or had thickened fluids. They also identified people who needed their food to be cut up into smaller pieces, so they were able to eat independently and remained safe.
- People had their weight monitored to ensure they were receiving enough to eat and drink.
- People could choose where they wanted to eat their meals. Staff promoted choice and knew people's preferences for example, in the dining area or in their room.

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

- Toilets and bathrooms were adapted to the needs of people with limited mobility.
- We saw that people had personalised their own rooms according to their own tastes.
- There was a large, spacious garden area at the rear of the home, easily accessible for people. This was well used by people who liked the outdoors as it was a safe, enclosed area.

Supporting people to live healthier lives, access healthcare services and support

- Care records reflected a multi-disciplinary approach to meeting people's individual needs. For example, there was evidence of input from GPs, district nurses, podiatrists and other health professionals. We spoke with a district nurse during the inspection. They had delivered training to staff and told us staff were more approachable and engaged. The service had improved in their opinion.
- Staff notified relevant professionals and family members if this was the person's choice, following any identified changes in need.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people felt well-supported, cared for and treated with dignity and respect.

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

- People were supported by staff who knew their needs, personalities, likes and dislikes. People were confident that their needs would be well met. They told us staff cared and were well trained. One person said, "I have been struggling with my legs being painful and stiff. Staff always know what to do; they got me a district nurse who provides me with dressings." Another said, "Staff are simply stunning; they are very knowledgeable."
- Our meal time observation showed staff were patient, kind and friendly when attending to people. After the lunch time meal had been served one person living at Maybank House wanted to show their appreciation. They asked the staff member undertaking the duties of cook to 'come out and take a bow.' There was a relaxed atmosphere and a camaraderie between people and staff during the lunch time meal.
- Staff were patient and quick to provide words of encouragement and reassurance to alleviate people's anxieties.

Supporting people to express their views and be involved in making decisions about their care

- Records showed where appropriate relatives were consulted about their family member's care. One relative told us, "If anything changes with my [relative] they let me know. They're very good at keeping me informed."
- People could access an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality. One person told us, "Staff respect my choices; if I don't like what they suggest, I tell them what I prefer, and they respect it."
- People were supported to maintain and develop relationships with those close to them. There were no restrictions on visitors. One family member we spoke with lived out of the area and travelled to visit their relative. They told us, "Anytime of the day I come to see [my relative] I feel welcomed."
- People's right to privacy and confidentiality was respected. Staff were patient and reassuring in their approach, providing words of encouragement to people where necessary. If people chose not to engage then staff gave them space. One person liked to spend time and take meals in their room and staff acknowledged this. The person told us, "Everything is just the way I want it. I've got the internet; I use my laptop. Everything is just fine."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences.
- Staff were aware of people's life histories, including people's past employment and hobbies they had enjoyed.
- Staff involved people in formulating their care and support plan on admission to the home and responded well to their needs. One person told us, "Staff keep it simple when they talk to you about matters of care." A visiting relative we spoke with also told us, "We are actively involved in our mum's care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care records. This provided staff with information on how best to communicate with them.
- The registered manager considered people's communication needs when producing documents about the home. For example, the service user guide was available in large print for those with a visual impairment.
- Menus were available in large print easy-read formats and the registered manager was building up a pictorial catalogue of food items to display on a red menu board in the dining area.
- Talking books were sourced for one person who preferred these. Big, colourful bottle tops were used by people as bingo counters and bingo cards had been made larger. This meant that the game of bingo was inclusive to all those with a visual impairment.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint and we saw that the service had a complaints policy and procedure.
- The registered manager was proactive in their approach on receiving both formal and informal complaints. The log indicated a compliment had been received from a relative based on the registered manager's response to a complaint they had made. Any compliments the service received were shared with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People who were able to leave the home independently or with family support were able to go out and engage in leisure and social activities. People had struck up new friendships with others living at Maybank House.
- People were happy to remain at the home, staying in their room or spending time in communal areas of the home. Individuals had their own interests that were pursued in the home. One person loved to spend time in the garden environment and was able to do this.
- There was a focus on celebrating specific dates in the calendar with themes in the home. For example, Chinese New Year and Armed Forces Day had been acknowledged and celebrated. A drinks station had been introduced in the dining room area. This had a beach theme at the time of our visit but had previously been decorated with a tennis theme during Wimbledon. People told us they had enjoyed a 'wonderful meal' at the 'Halfway to Christmas' event held in June.
- There was no activity co-ordinator employed at the home. There were attempts from care staff during our two days of inspection to engage people in the home in both group and individual activities. The registered manager recognised more could be done with regards to the provision of meaningful activities for people outside of the home and planned to introduce more trips out, for example to the theatre and to the seaside.

End of life care and support

- The service had nearly completed the 'Six Steps End of Life Care' training programme at the time of this inspection. The aim of this training is to ensure all people at the end of their life receive high quality care.
- We contacted a health professional involved in the delivery of the training and received positive comments in relation to the registered manager and the staff. They told us, "Maybank [House] has recently shown a big commitment to the training I run since the new [registered] manager came in place. I can see improvements. I previously struggled to engage but I am now included and welcomed by staff."

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care.

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

At our last inspection audits were not robust enough and were not fit for purpose. There was a lack of formal engagement from management with people using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- There were systems in place to check the quality of the service. These included monitoring and reviewing of care plans, accident and incidents, weights, medicines and health and safety. New quality monitoring systems had been introduced since our last inspection and these were more robust in ensuring an improved quality of care.
- The registered manager, with support from the deputy manager and provider, was aware of their responsibilities with regards to the regulatory requirements. They were passionate about delivering good quality care.
- The provider was visible in the service during the week. The registered manager told us the provider was supportive and listened to suggestions and ideas they had to improve the service. The registered manager had identified an additional senior care worker was a priority for the home and the provider was considering recruitment options at the time of this inspection.
- Staff training compliance had been effectively monitored; the supervision of staff and competency audits were ongoing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought views from people, their relatives and staff about how well the service was supporting people. This was done via questionnaires and formal resident and relative's meetings. The registered manager had explored ways to improve attendance at these, for example a cheese and wine themed meeting had been held. Feedback from this had been positive, with relatives commenting on the improvements in the home, for example the drinks station.
- Staff meetings provided staff with the opportunity to share their views with the management team and for important information to be discussed. Staff meetings incorporated a monthly focus on care topics of

interest. Infection control, oral care and LGBT+ gender had been included and discussed in recent staff meetings.

- Staff had requested more face to face training in the most recent survey. We saw that face to face fire training and moving and handling refresher training was scheduled for all staff.
- New uniforms had been introduced for staff. Staff we spoke with told us that they had a new sense of pride working at Maybank House and staff morale had improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a registered manager in post which was a condition of the provider's registration with CQC. There was support for the manager from a new deputy manager. A revised statement of purpose had been submitted to CQC.
- The registered manager had been in post since December 2018 and had introduced audits which were used effectively to monitor and improve the quality of the service provision. They carried out two spot check audits each month, including unannounced visits to the home during the night to check people's needs were being met.
- The CQC inspection rating from our last inspection was displayed in the home, as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their obligation to notify CQC of all significant events occurring within the home.
- Staff informed relatives of any concerns with people's health or if an accident had happened.
- The registered manager and other staff were responsive and keen to share information during the inspection.

Continuous learning and improving care

- The registered manager had addressed staffing issues in the service. They had instigated disciplinary action against staff when this was appropriate.
- There were no supernumerary hours for the deputy manager at the time of this inspection. We noted improvements made to the service were a result of the combined efforts of the management team, but particularly the registered manager.

Working in partnership with others

- The registered manager worked collaboratively with the local authority. We approached the local authority for feedback and received positive comments. They considered that the registered manager was 'very much focused' on improving care and support for residents.
- The registered manager attended forums organised by two local authorities and was keen to access any relevant free training on offer, for professional personal development and for staff development.
- The registered manager was exploring and using available resources, for example Skills and Care and NICE good practice guidelines. Relevant health professionals involved in people's care were contacted for advice and guidance.