

The Regard Partnership Limited

# Maybank Residential Care Home

## Inspection report

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Date of inspection visit:  
24 July 2017  
25 July 2017

Date of publication:  
21 August 2017

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 24 and 25 July 2017. Maybank Residential Care Home is registered with us to provide care and support for up to six adults with learning disabilities. At the time of the inspection there were five people living in the home.

As part of the requirements for registration with us it was necessary for a registered manager to be employed at the home. This requirement had been met. 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.

During our previous inspection in January 2016 we found breaches of Regulation 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected against the risks associated with unsafe or unsuitable premises and equipment because of inadequate maintenance checks and audits. Appropriate training and competency checks had not taken place for staff. The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. The provider had also failed to implement the Mental Capacity Act 2005 codes of practice.

During this inspection we found there had been improvements in most areas. We had some concerns about the storage and administration of medicines. Following this inspection we were sent an action plan that addressed our concerns and systems had been put in place to ensure people's safety was maintained. We found these concerns had occurred partly by a lack of oversight from the registered manager. As a result we have made a recommendation about best practice in relation to quality audits.

Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. Staff were trained and knowledgeable about how to protect people from abuse.

Where the provider had to impose restrictions on people's freedom, appropriate mental capacity assessments had been completed and a Deprivation of Liberty Safeguards (DoLS) had been authorised by the local authority. 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. Records showed best interest meetings had taken place to ensure decisions made on behalf of a person were made with their best interest in mind. People were supported with food and drinks to ensure they remained hydrated and their health was maintained. When people became unwell, the provider ensured appropriate medical and psychological help was sought. Advice given by specialist health professionals was followed by staff.

We observed staff to be kind and considerate in their support with people. People appeared happy and

relaxed in the company of staff. We saw positive interactions between both parties. Where people were able to, they were involved in identifying their needs and planning their care. Where people required the assistance of an advocate or family member this was facilitated by the service. We observed staff treating people in a respectful and dignified way.

People's care was personalised to their individual needs. Records showed how staff were supported to assist people in their specific areas of need. Systems were being put in place to obtain feedback from people, their representatives and professionals to enable the provider to drive forward improvements to the service. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

Staff, people and their relatives spoke positively about the registered manager. Quality assurance audits were in place to identify any areas of required improvement. The registered manager was aware of the day-to-day culture of the service. There was a value-based approach by both staff and the registered manager to provide person-centred care to people.

## 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's safety and wellbeing had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed.

The provider had systems in place to ensure checks were carried out prior to candidates being offered employment. This minimised the risk of unsuitable candidates working with people.

People were protected from harm, as staff knew how to protect people from abuse and who to report concerns to.

### Is the service effective?

Good ●

Staff received appropriate training and on-going support through regular meetings on a one to one basis with the registered manager.

Staff had an understanding of the Mental Capacity Act 2005 (MCA).

Staff ensured people received assistance from other health and social care professionals when required.

### Is the service caring?

Good ●

Staff were described as caring and kind by one person and a person's relative.

We observed how staff cared for people and found it to be appropriate, respectful and courteous.

People's privacy, dignity and independence were respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

Each person had their own detailed care plan. People and their families were involved in the planning of their care and support.

The service identified people's needs and provided a responsive service to meet those needs.

The service listened to the views of people using the service and others and made changes as a result.

**Is the service well-led?**

The service was responsive.

Each person had their own detailed care plan. People and their families were involved in the planning of their care and support.

The service identified people's needs and provided a responsive service to meet those needs.

The service listened to the views of people using the service and others and made changes as a result.

**Requires Improvement** 

# Maybank Residential Care 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 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.

An inspector carried out this unannounced inspection on the 24 and 25 July 2017.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received a completed PIR which we used to plan our inspection.

During the inspection we carried out observations of care. Not everyone living in the service was able to discuss their care with us. We spoke with one person living in the service. We also spoke to another person's relative by telephone. We spoke with five staff including the registered manager, the regional manager, two senior support workers and a support worker.

We looked at care records for three people and associated care records for a fourth person. We examined recruitment documents for two staff and reviewed the medicine documentation for five people. We also read records related to the running of the home including audits and health and safety checks.

# Is the service safe?

## Our findings

During our previous inspection in January 2016 we had concerns about the cleanliness of the service and the risks to the health and safety health of the people living there and the staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found the areas we had identified previously had improved, however we found one area of concern related to medicines during this inspection.

During our previous inspection we found some parts of the service were not clean and the temperature of the water from the taps placed people at risk of scalding. We also found there were trip hazards due to garden equipment and rubbish in bags left on the ground outside. During this inspection we found the cleaning schedule was effective and all areas were clean. The water temperature was monitored and found to be safe. The rubbish was disposed of safely and garden equipment was stored away.

Other improvements that had taken place since the previous inspection included the purchase of a new oven. This meant the temperature of the food being cooked was accurate. Food temperature charts were completed prior to food being served to people to ensure it was cooked sufficiently. Personal protective equipment such as disposable gloves and aprons were now ordered regularly and stock was checked weekly to ensure there were no incidents where these were not available to staff.

We reviewed how medicines were stored, recorded and administered to people. Medicines were stored in a locked cupboard. When we examined the content of the cupboard we found two medicines were past their expiry date. We found one medicine did not have a medicines administration record (MAR) in place. We were told by the registered manager this was because it was discontinued. We found creams and a nasal spray did not have the date they were opened recorded. Because of their shelf life, these may have become ineffective. We found one inhaler was past its expiry date. We found there were no systems in place to segregate the spoilt or discontinued medicines from those that were in use. The registered manager told us this would be rectified. Stocks of medicines were checked and recorded on an audit sheet that was completed weekly. This was a record of what medicines had been delivered, what had been administered and what the balance of stock should be. We found two discrepancies between what was recorded and the stock held in the cupboard.

When we examined the audit form, we found the section related to whether all medicines were in date this was pre-populated with a 'Y' indicating "yes". We spoke with the staff member who was responsible for the audits of medicines. They told us they took responsibility for some of the findings, but felt that because they had been on leave the system had broken down. They told us they would be changing the audit tool to ensure that there was no prepopulated information on it. In this way thorough checks would be completed. The registered manager told us in future they would be checking the records and the medicines to ensure the medicines were stored and administered safely. Following the inspection the registered manager sent us an action plan they had implemented to ensure improvements would be made to the storage, administration, recording and auditing of medicines in the service. This included the introduction of the registered manager overseeing and checking the audits were completed accurately.

We recommend that the service consider current guidance on the safe storage, recording and administration of medicines and take action to update their practice accordingly.

All staff who administered medicines had received training and their competency was assessed. There had been three incidents involving medicines since the last inspection. Protocols were in place for medicines that were administered when needed (PRN), for example paracetamol for pain relief. These described how and when a person may display a need to have the prescribed medicine. This enabled staff to support people appropriately with their medicines.

Staff told us there were sufficient numbers of staff to support people safely. One person and a relative agreed with this. We observed there were short periods when there were no staff available to people, for example when two staff were supporting a person with personal care. We spoke with the regional and registered manager about this. They agreed that this would only happen for short periods and that staff were always available in the service. Staff managed their time well and although they were all busy throughout the time we spent in the service we observed there were times when staff could sit and talk with people. If there were staff shortages these were covered by other staff members in the team or from other services operated by the provider.

Most risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas such as skin integrity, personal care and fire risk assessments. The risk assessments were guidelines for staff on how to manage the risks. These were reviewed regularly. We did find some risk assessments lacked information pertinent to the person. For example, historical information for one person highlighted they had experienced problems that could result still result in harm to themselves and others. This was not included in the up to date risk assessment. For another person the information for staff on how to support them with eating and drinking was not explicit. We discussed these concerns with the regional manager and the registered manager. We were assured these risk assessments would be up dated immediately.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of two staff members employed at the service. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable adults. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. Risks related to candidates' previous conduct were carried out. This satisfied the provider that any risks were manageable and the candidate was safe to work with people in the service.

Staff were aware of how to identify safeguarding concerns and the reporting procedure to follow. They were also aware of the whistleblowing policy and how to obtain advice and support if they felt they needed to disclose concerning information about the service.

Health and safety checks were carried out. The service's fire risk assessment was written by a competent person from an external agency. Records showed equipment such as fire alarms and extinguishers had been maintained and checked by contractors. Control of substances hazardous to health data sheets were in place to risk assess any materials stored on the premises. Electricity and gas supplies were serviced and maintained by professionals trained to do so. This ensured the utilities within the service were working safely.



# Is the service effective?

## Our findings

During our last inspection in January 2016 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure all staff had the skills and knowledge in moving and handling. We found during this inspection this had improved. Staff had received training in moving and handling and their competencies had been assessed.

During our previous inspection we also found a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to act in accordance with the MCA. During this inspection we found this area too had improved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where restrictions were in place the provider had received authorisation from the local authority. This meant the restrictions had been reviewed and the local authority agreed they were the least restrictive and in the person's best interest. We saw where people were not able to make decisions for themselves, mental capacity assessments had been completed and best interest meetings had taken place. These ensured professionals were acting in the person's best interest. Staff had received training in MCA and demonstrated a basic understanding of MCA and DoLS.

One person was receiving covert medicines. This was because without hiding the medicines in food the person would not take them. Records showed a best interest meeting had taken place with the relevant people to ensure they were acting in the person's best interest. The registered manager told us they had regularly discussed in team meetings how the MCA and DoLS applied to the people living in the service. We could see an improvement of staff understanding since the last inspection.

A relative and a person living in the service told us they thought the staff were knowledgeable about their roles and had the skills to support people. One relative told us "They (staff) seem to know what they are doing. They are kind people doing a really tough job." A person living in the service told us they felt staff were competent to do their job. They said they knew which staff had been trained to administer medicines and "I wouldn't let an unqualified staff member give me tablets."

One person living in the service had problems with eating and swallowing. This meant staff had to ensure food and drinks were of the right consistency to enable the person to eat safely and to reduce the risk of

choking. Advice had been sought from a speech and language therapist for guidance. Staff we spoke with were aware of how to prepare the person's food and drinks.

We observed two meals during the inspection. People appeared to enjoy their food. For one person who was unwell, they did not want to eat their meal. Staff offered alternatives until one was found the person wanted and ate. Drinks were supplied frequently. Menus were planned with people and pictures were used to offer people choices when planning the menus. Staff knowledge of what people liked and disliked was apparent through our discussions with them. Care plans recorded the foods people enjoyed and those they didn't.

We found various external professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. This included GPs, dietitians, speech and language therapists and psychiatry. One relative commented on the quality of health care. They said, "[My loved one] is very fragile and has lots of health issues. The staff are very gentle with her...They keep me informed of any changes in her health. They send me a text message, email or phone call; they let me know even if her temperature is raised." One record was shared with us, it was feedback received from the hospital staff after a person from the service was admitted to hospital. The hospital staff commended the staff in the service on the quality of the care provided which was evidenced by the skin integrity of the person. Records showed the service liaised with external professionals and acted upon advice given to assist people to maintain good health.

Staff told us they felt they received sufficient training to carry out their role. New staff attended an induction which included training deemed mandatory by the provider. They also completed the Care Certificate. The Care Certificate is based upon 15 standards that health and social care workers need to demonstrate knowledge and competency in. Their competency was assessed by the senior staff.

Further on-going training to update staff in skills and knowledge was available. This included areas such as safeguarding adults from abuse, health and safety and MCA and DoLS amongst others. Specialist training was made available to staff to bring their knowledge up to date on areas such as mental health and epilepsy awareness training amongst others.

Staff were supported with supervision and appraisals along with team meetings and daily handover meetings. Staff told us they found these useful and helped with their development.

# Is the service caring?

## Our findings

One relative told us the "Care is exemplary, never for one moment have I ever had concerns about [named person] or the others [people living in the home]." They went on to tell us "The guys (staff) have so much compassion." They described the relationship between staff and the people living in the home as "loving" and "kind". A person living in the home described the staff as "lovely."

We observed staff interaction with people. Staff asked people's permission before carrying out care. Staff approaches were gentle and supportive. People felt comfortable in the presence of staff as their demeanour didn't change when staff were around. Staff engaged people in conversations and there was laughter and fun. Through discussions with staff it was clear they knew and understood people's likes, dislikes and how to communicate with people. Only one person who used the service was able to read and write. For other people their communication relied on the ability of staff to understand them verbally and through interpreting body language, facial expressions and verbal noises. Communication passports were used to enable staff to understand people's expressions. From our observations staff were able to communicate with people well and people were able to express themselves to staff. The service ensured that people has access to the information they need in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given'

Records showed people's relatives, where appropriate, had been involved in decisions or reviews that had taken place in relation to people's care. A relative told us they felt communication between themselves and the staff at the service was good. They said they had been invited to visit the home at any time without restrictions, which they did regularly.

Staff showed patience when accommodating people's needs. Staff demonstrated respect of people's privacy when personal hygiene care was provided, by closing bedroom doors and curtains. People's permission was sought prior to us entering their bedrooms. We saw staff called people by their name and treated them with respect when they provided care. We discussed with staff how they preserved people's dignity and how they treated people with respect. Their comments included "I treat them [people] fairly", "Give them [people] choices", "Promote independence" and "Respect this is their [people's] home." They told us they prompted people to do the things they could on their own, for example supporting people to do their laundry, or clean their teeth. This ensured people's independence was maintained as much as possible.

Each person had a care plan which reflected their wishes for when they passed away. Where appropriate funeral plans were in place. Consultation with loved ones had enabled staff to put together care plans which reflected people's wishes. One person was receiving care from a palliative care service. Staff worked alongside the palliative care team to ensure the person was comfortable and engaged with. Staff and management told us the palliative care team had reduced their visits as the person had responded better than had been anticipated. They remained responsive and engaged with staff on a daily basis. On the first

day of our visit, staff felt the person was not well. They had contacted the GP to ensure the person received the medical support they required. We were told any staff could contact the GP if they had concerns about a person's health or welfare. We found staff were particularly sensitive to the needs of this person.

## Is the service responsive?

### Our findings

During our previous inspection we had concerns about the management of a special bed that was used to support a person at risk of developing pressure sores. We had found there was no guidance in the care plan as to the how to set the required firmness of the mattress. There was no risk assessment or care plan in place related to the person's skin care. There were also no records of checks being carried out to ensure the mattress was working correctly. During this inspection we found this had improved in all areas. All records were up-to-date and the person's skin integrity was protected by staff who knew how to care for them.

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The care plans detailed individual needs and how staff were to support people.

Changes to people's needs were identified promptly and were reviewed with the person or their relative and the involvement of other health and social care professionals where required. Each person's care file was reviewed regularly if any changes to their health were identified. A relative informed us they were invited to participate in reviews and felt their opinions were taken into account and listened to.

Any changes to people's care were discussed during handover, staff meetings or through the use of a communication book. Changes were recorded in the person's care plan. This was to ensure staff were kept up to date with people's needs and appropriate care was provided.

One person we spoke with indicated that they were happy living in the home and with the staff that supported them. From our observations we saw staff spent time with people and engaged with them throughout the day. One person told us they felt the staff were responsive to all of their needs and if anything changed with their care needs, the staff always supported them well.

People were supported to participate in activities. On the first day of our inspection some people and staff had gone to buy food for the service. Those people who stayed at the service were supported by one staff member in the morning. Because this staff member was occupied with preparing lunch, people were left to their own devices. On the second day of the inspection, most people went out on a visit into the community. One person who wasn't well remained in the service. It was not felt appropriate for them to be engaged in activities, although the television was on. During the afternoon we observed they had joined other people and staff in the garden. We saw one person was having a head massage, whilst others chatted and had refreshments. Other activities people participated in were bowling, going out for lunch and shopping. The service had built raised beds in the garden and grew their own vegetables. We saw people were involved in watering the plants. The vegetables were used as part of the food served in the service, with plans to sell the surplus. The use of these activities protected people from the risk of social isolation.

The provider had a complaints policy and procedure in place. We read complaints that had been raised and saw they were responded to effectively. For example, we saw one person living in the service had complained that other people were entering their room uninvited. This was dealt with by issuing the person with a key to their room, which was kept locked when they were not using it.

## Is the service well-led?

### Our findings

During our previous inspection in January 2016 we had concerns about the assessment, monitoring and mitigation of the risks related to the health, safety and welfare of people and others in the home. This was because the assessments had not been completed accurately and in sufficient detail to protect people from harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found during this inspection that most areas apart from the auditing of medicines had improved. Through our discussions with the staff, the registered manager and the regional manager we heard how seriously they had taken the findings of the previous inspection. They were proud of what they had achieved by way of improvements throughout the service. Our findings in relation to the safe storage and administration of medicines during this inspection had disappointed them. They acknowledged the standard was not good enough. We found there had been no direct impact for people as a result of the failings. The registered manager and the regional manager were clear about how the standards could be improved upon.

We recommend that the service considers best practice in relation to quality audits and takes action to update their systems and processes accordingly.

The service had a number of audits in place to ensure the safety and wellbeing of people living and working in the service. These included fire audits, health and safety audits and care plan audits amongst others. Records of checks were also made to ensure appliances were safe to use including water temperatures, food temperatures and portable electrical equipment testing. Accidents and incidents were recorded and themes were analysed to ensure where possible there was not a repeat of the incident. Strategies for people whose behaviour challenged the service were in place. Quality assurance and health and safety audits were carried out by the provider's quality assurance staff every three months. Identified areas in need of improvement were recorded with completion dates.

We discussed the values base of the service with the registered manager and staff. It was clear they were all focussed on providing the best quality care they could. One staff member told us "Our goal is to make sure the clients are happy and we are meeting the standards of care we should." Another told us "We hope to deliver good quality care to the service users... We are a good team, we all work together. Communication between us is good." It was apparent to us the staff team were working well together and the registered manager was managing the service well. Staff told us the registered manager was accessible and offered support and guidance when needed. One staff member told us "He (the registered manager) has taught us a lot. We get support with the computer and the paperwork. He is patient with us." Another staff member told us how things had changed since the registered manager had taken up the role. "We are more organised now than we have ever been. We have staff meetings, supervisions and residents' meetings. The management are quite strict on the paperwork. They like things to have a deadline. Before we hated it, but now it is good. We have a routine and we all have our own tasks. It is much better this way."

There was a contingency plan in place to ensure the service could continue to be provided in the event of an unexpected emergency. Consideration had been given to alternative accommodation if the service became inaccessible. This ensured as far as possible people would be kept safe and comfortable.

At the time of the inspection, feedback from staff as to how the service could be improved was obtained through supervision, team meetings and handover meetings. In June 2016 a staff questionnaire had been sent out to staff. Staff told us they had been listened to and actions they had suggested were followed through by management. The provider planned to send questionnaires out to people, relatives, staff, GP's and visiting professionals. This had not yet happened, but the plan included scrutinising the feedback to investigate how the service could be improved in the future.