

Maxey House Limited

# Maxey House Residential Home

## Inspection report

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Date of inspection visit:  
20 December 2023  
04 January 2024

Date of publication:  
12 February 2024

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Maxey House Residential Home is a residential care home providing personal care to 21 people aged 65 and over at the time of the inspection. The care home can accommodate up to 31 people, in a 30-bedroom building, some of whom live with dementia. Maxey House Residential Home is an old building with extensive grounds.

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

Systems to monitor how well the service was running required further improvements to ensure that oversight and governance is effective and robust. The provider needs to ensure that incidents are reported appropriately.

Lessons learnt were shared with the staff team. Incidents and accidents were reviewed, and reflections considered as to what could be done differently.

The staff team had recently expanded to include permanent senior staff and an activity worker. This was following an extended period of utilising temporary staff. This was a positive improvement for the service, and now required a period of stability to ensure that people living at the service were supported by staff who know them.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail.

Staff followed infection control procedures and used the appropriate personal protective equipment, which included aprons and gloves. The building was clean and free from clutter.

Staff liked working at Maxey House Residential Home and felt supported by the registered manager. The registered manager was passionate about delivering a good service to people. They were open and honest and looked for ways to improve the service.

Staff and the registered manager worked with other professionals to ensure that people received the necessary care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 30 September 2022) and there was a

breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider was in breach of regulation.

#### Why we inspected

The inspection was prompted in part due to concerns received about infection control and staffing. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

We have, however, found evidence that the provider needs to make improvements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Maxey House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to reporting incidents. We have also made a recommendation in relation to reporting safeguarding concerns.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Maxey House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 3 inspectors and an 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

Maxey House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maxey House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. We visited the service on 20 December 2023 and 04 January 2024.

### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

### During the inspection

We spoke with 4 people and 9 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, compliance manager, nominated individual and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance audits. We also contacted the local Fire and Rescue service for advice.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- We found that not all potential safeguarding concerns had been reported to the relevant local authority or CQC. This is a legal requirement which the provider had not fulfilled.

We recommend the provider consider the 'Adult safeguarding best practice guidance for providers' which we have shared with them. This provides guidance on when certain incidents meet a threshold to be reported to either the Local Authority or the Police.

- Most relatives we spoke with felt that their family member was safe living at Maxey House Residential Home. A relative we spoke with had recently raised concerns with the local authority safeguarding team regarding safety concerns and were waiting to receive feedback. All other relatives were positive. A relative told us, "Oh yes, I trust Maxey House Residential Home implicitly. I have no qualms about [family member's] safety." Another relative said, "[Family member] is safe, definitely no reason to think otherwise."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed before they moved into Maxey House Residential Home and plans put into place to manage and mitigate risks. Care plans included information that needed to be adhered to.
- Risks identified for people included skin integrity, eating and drinking, likelihood of falls and risks associated with different behaviours. Where necessary monitoring processes were put in to place to support the staff to keep people safe.
- Policies and procedures gave clear guidance to staff. For example, if a person taking a medicine which helped to thin their blood had a fall, paramedics were always called immediately, regardless of whether there was any identified injury.
- The Local Authority had identified risks posed in relation to the environment. The provider had developed an action plan to address the concerns raised and were in the process of working through the actions within agreed timescales.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- Appropriate DoLS applications had been made where required.
- Staff had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff still involved them as much as possible in the process.
- Where people did not have capacity, best interest decisions were recorded in care records. This meant that staff would easily know how to support people with specific decisions.

#### Staffing and recruitment

- The service had experienced an extended amount of time with an unstable staff team, and as a result had utilised a large number of temporary staff, which included senior staff. The provider had undertaken a recruitment campaign to reduce the amount of agency staff used. During our inspection we saw new senior members of staff and an activity worker on their induction.
- Relatives told us were seeing an increase of permanent staff working at Maxey House Residential Home. A relative told us, "[Staffing] is better than before. There used to be a lot of agency staff, but now they are more permanent."
- There was no deputy manager currently in post. Therefore, the registered manager had little support in place to enable them to delegate tasks or support them in the running of the service in their absence. This meant they were constantly taking on tasks and duties in addition to that expected of the registered manager.
- Safe recruitment practices were followed. Pre-employment checks were carried out before staff started work. Staff told us that they had not been able to start work until their employment checks had been completed.
- Staff were provided with a range of training so that they could support people in the service safely and effectively. This training was a mixture of online training courses and face to face courses, such as first aid and manual handling.

#### Using medicines safely

- Staff had received training in how to safely give medicines.
- Staff administered medicines safely and maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or prescribed to be given as required.
- Medicines were stored securely in a locked room. Temperatures were recorded to ensure medicines were kept at the correct temperature.
- The registered manager carried out a monthly audit of medicine administration, this enabled them to identify any errors or potential near misses. Each audit had an action plan which was reported on whether it had been completed or not within the next audit.
- During our inspection we identified some gaps in recording of newly delivered medicines, accurate stock taking and clear information when medicines were opened. This was rectified during this inspection process.

#### Preventing and controlling infection

- This inspection was prompted in part due to concerns regarding the infection control practices (IPC)



within the service. The registered manager had been working closely with the Local Authority and a dedicated IPC team. Following concerns raised by visiting professionals from these teams, an IPC action plan was created and being followed by the registered manager and staff team.

- During our inspection, we found the building to be clean. Domestic staff were present on both of our visits by the time we arrived at the service. There were no strong odours in communal areas.
- The service had been inspected by the environmental health officer 4 months prior to this inspection, they were awarded a 5-star rating, which is the highest rating a service can be given.
- The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. The registered manager completed an analysis each month to identify such things as trends or themes and increases or decreases in falls or whether actions to reduce future occurrences had been effective.
- The registered manager reported any falls to the Enhanced Health in Care Homes team (EHCH). This is a multi-disciplinary team of professionals who support staff and people in care homes to stay safe, and avoid admission into hospital. Where appropriate, an occupational therapist visited the person to assess whether any additional support, equipment or monitoring was advised, to reduce risks.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection the providers governance system and audits had failed to identify the areas that required improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of this regulation. However, further improvements were needed, and the improvements made need to be embedded in practice. During this inspection, we identified the provider was in breach of regulation in relation to notifying us of incidents, as required.

- Systems in place for auditing incidents, such as accidents or falls, did not provide oversight to the registered manager to ensure the necessary reporting or referrals had been completed.
- The service has a legal requirement to notify the Care Quality Commission of certain notifiable incidents or events. We found that not all notifiable events had been reported. The registered manager was open and honest in accepting that this had been an oversight. Before the end of inspection activity, the required notifications had been submitted retrospectively.
- We met with the nominated individual and directors of the service during the inspection process to highlight their legal responsibility in ensuring notifications had been submitted without delay. We were given assurance that this would be addressed, and an action plan would be submitted within 2 days of the meeting. The action plan was not provided as agreed.

This was a breach of regulation 18 (2) (Notifications of other incidents) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although improvement was still required, we could see that there had been improvements since our previous inspection visit. This included a lesson's learnt section on reports and audits. This gave the registered manager and staff the opportunity to reflect and identify if something could be done differently going forward. The audits and action plans were monitored by a compliance manager who was not based at the service but visited once a month.
- Improvements were still required to ensure that audits were robust and effective in ensuring documents

were accurate and up to date. For example, the frequency of weight recording and frequency of nighttime checks recorded, was different to what the care plan instructed. The current auditing process in place had not identified these shortfalls. The director was able to tell us about a new system they had plans to invest in which would improve people's care plans, keep them up to date and provide a greater depth of person-centred information.

- Our inspection was prompted by concerns which the local authority had raised. This had led to extensive support being provided by healthcare professionals and a care home support team.
- At the time of our inspection the service was still working closely with these teams and were following action plans. We saw that progress had and was continuing to be made. We do remain concerned however that the issues raised by visiting professionals, had not previously been identified by the registered manager or directors of the service.
- The service displayed their inspection rating on their website and at the home, as required.

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

- The registered manager was passionate about providing a high-quality person-centred service. We received a lot of positive feedback regarding the registered manager from people using the service, relatives and professionals.
- A professional told us, "[Registered manager] is always working in the best interest of the [people] and has a strong work ethic - this is evident when seeing [registered manager's] interactions with staff and [people]."
- The service required ongoing investment. Following our previous inspection an action plan was submitted to the Care Quality Commission which identified what the provider intended to do to make the improvements required. This included an environmental action plan. Although we could see that improvements had been made, further work was required.

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

- All relatives we spoke with told us that they felt communication was either an issue or could be improved. Relative's meetings had been arranged, however had very low attendance rates. A relative did tell us that they had started to receive communication electronically.
- People who used the service had been given the opportunity to provide feedback about the service. The service held meetings for people to attend. We reviewed the minutes of these meetings and were assured that people were given a safe space and were listened to.
- Staff we spoke with felt supported by the registered manager. Staff told us they attended regular team meetings and felt comfortable to bring issues to these meetings. A member of staff told us, "The [registered manager] gives us the opportunity to talk about any concerns we may have during the meetings or hand overs that we have on a daily basis."

Working in partnership with others

- Staff and the registered manager work closely with other professionals, including the GP surgery, specialist healthcare providers and the multi-disciplinary EHCH team. All professionals we spoke with working in partnership with Maxey House Residential Home gave us positive feedback regarding the registered manager. A professional told us, "[Registered manager] has embraced our service from the outset as they were aware it was going to be extremely beneficial to the residents."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had not submitted statutory notifications to the commission as they are legally obliged to do so.