

J&S Healthcare Limited

# Maxey House Residential Home

## Inspection report

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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

Maxey House Residential Home is a residential care home providing personal care to 27 people at the time of the inspection in one adapted building over two floors. The service can support up to 31 people.

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

Staff followed the systems in place to monitor and manage people's risks and keep people safe from avoidable harm. Staff used their training and knowledge to prevent the spread of infections. Staff who had been trained and were competency checked, managed and administered people's prescribed medicines safely.

Staff received training, supervisions and appraisals from the registered manager to develop their skills and knowledge. Staff were encouraged and supported to give people a good-quality service. Checks were made to monitor the quality of care being given including provider visits to the service. Any actions required were either completed or on-going. This included a roiling programme of maintenance work and redecoration to the building.

Staff treated the people they supported kindly and with patience. People and their relatives had positive opinions of the staff and registered manager who cared for them. Staff promoted and maintained people's privacy and dignity. People enjoyed the activities that went on at the service. Links were established with the local community and relatives and people from the community were encouraged to attend events held at the service.

People were supported to eat and drink enough amounts and were involved in making decisions about their care. Staff gave and respected people's choices. Their preferences on how staff delivered their care was recorded in care records for staff to follow.

No complaints had been received since the last inspection, but people and their relatives told us they knew how to raise any concerns. People, their relatives and staff were given opportunities to give their view of the service and from this feedback action was taken to make any improvements.

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 7 December 2018). 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 improvements had been made and the provider was no longer in breach of

regulation.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# 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 Care Act 2014.

#### Inspection team

This unannounced inspection was carried out by one inspector.

#### Service and service type

Maxey House Residential Home is a 'care home'. People in care homes receive accommodation and 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We also spoke with five members of staff including the registered manager, administrator, a senior care worker, two care workers and a visiting health professional.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including compliments and surveys were reviewed.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- Improvements had been made since the last inspection and a sink had been installed into the laundry room for staff to be able to wash their hands in after handling laundry. This improvement reduces the risk of cross contamination.
- Staff trained in food hygiene and infection control told us there was enough personal protective equipment to use to help reduce the risk of infection. A relative confirmed that, "The rooms are clean, cleaned regularly. [Family members] clothes are kept lovely and washed and clean."

### Using medicines safely

- The necessary improvements had been made since the last inspection. The medicines storage room had moved into the registered managers office. However, there was a medicines refrigerator now in situ to help store people's medicines at the correct temperature.
- Trained staff ordered, stored and administered people's prescribed medicines. Audits were carried out to check staff were administering and storing medicines safely. People and their relatives spoken with had no concerns around medicines support from staff. A relative said, "I have no concerns around medication and medicines reviews happen regularly."
- The registered manager confirmed to us that unlike the previous inspection, there was no one currently living at the service who had been risk assessed as being able to take their own medicines without staff support.

### Staffing and recruitment

- The registered manager told us improvements had been made since the last inspection. Staff confirmed that all care staff now had medicines administration training. This meant that during the night shift there would always be a trained staff member on duty to give people their medicines if needed.
- Staffing levels had increased. A staff member said, "There are enough staff, we now have five staff in the morning and that is so much better. Staffing levels have improved since the last inspection." This meant that during this inspection there were enough suitable trained staff on shift.
- Potential new staff members had recruitment checks completed on them. This was to ensure they were suitable to work with the people they supported. A staff member said, "I completed an application form and provided identification such as a driving licence, passport, and a bill from home. DBS [criminal record] checks and two references were requested. I had to wait until everything was all in before starting work."

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

- People and their relatives told us the care and support they, or their family member received from staff gave them reassurance. A relative said, "I haven't come across anything I'm not comfortable with or is a

safeguarding issue."

- Trained staff understood the processes in place they needed to follow to safeguard people and reduce the risk of avoidable harm. A staff member said, "I would report [concerns] to the senior or the management. We could go to the local authority safeguarding team, we have the numbers in the office. Whistle-blow? Yes, if I felt the need to if things weren't right to safeguard the residents."

#### Assessing risk, safety monitoring and management

- Staff had access to people's risk assessment guidance within their care records. This guidance gave staff information on how to monitor people's individual risks to maintain the persons safety without removing their independence.
- People had personal emergency evacuation plans in place to guide fire safety trained staff in the event of an emergency.
- Staff supported people's wellbeing by making sure there was equipment and technology such as pressure relieving equipment in place. People also had access to a WIFI connection should they wish to use this
- To support people's well-being equipment and technology were used. We saw there were care call bells and sensor mats for people to summon help when needed. A sensor mat is an alarmed mat that alerts staff that people who at high risk of falling are moving about.

#### Learning lessons when things go wrong

- The registered manager gave examples of learning and actions taken when things had gone wrong or needed improvement. They said, "Every fall is investigated to look for patterns, we might need to change the room around or an obstruction could be in place. Look at putting sensors in place. Staff react to noting that a person maybe struggling with a walking stick, grabbing at things. So, we would then look at putting different equipment in place following a fall or a near miss fall."



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff met with potential new people to the service. An initial assessment took place to help make sure staff had the right skills and knowledge to meet the persons care and support needs.
- The registered manager told us, they attended the local authority run registered manager forums and were signed up to receive alerts about up to date guidance from organisations such as the CQC. Staff then used this up to date guidance such as oral health guidance and best practice to support people's well-being.

Staff support: induction, training, skills and experience

- The registered manager told us that staff new to the service completed an induction programme which included the completion of the Care Certificate. This is a nationally recognised induction training programme.
- Staff had their skills and knowledge to deliver effective care developed through a training programme, competency checks, supervisions and an appraisal.

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

- Staff supported people to eat and drink enough. Observations showed that staff made people snacks such as toast on request and drinks were available.
- Staff gave people a choice of food and drinks. People's main meals were bought into the service frozen from an external food company. A relative said, "Food is absolutely fine [family member] has a pretty good appetite."
- We observed the mealtime experience people enjoyed and saw that people who chose to, sat at the dining tables and chatted whilst they ate. Staff assisted people when needed in an unrushed, patient and kind manner.

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

- Staff involved external health professionals such as speech and language therapists, community nurse, community psychiatric nurse and the GP to promote and maintain people's well-being. A relative said, "[Person] gets to see a GP if they need one...[staff] had SALT [Speech and Language Therapist] involved when they first arrived as [person] was only eating pureed food."
- However, the registered manager told us they struggled to get an NHS dentist to visit people at the service. They said, "We just had on-line [oral healthcare] training... Staff are to report if they have any concerns [around people's oral health], any bleeding etc. We have a private dentist attend the service and people go

to the dentist with their relatives. We have no NHS dentist who visits." A relative told us, "I've no concerns around oral healthcare."

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

- Prior to the inspection the registered manager sent a notification in to inform the CQC that the dining room had to be closed to people living at the service due to maintenance requirements. A relative told us, "The dining room needs some repair, but this has not affected the care that [person] is getting."
- Since the last inspection there had been some decorative improvements to some areas of the service. Bedroom doors had been painted different colours and in the style of a front door and there were signs to help orientate people around the service. A relative said, "The building feels like a home... pictures are up on the wall [in persons room] and we bought furniture in from home, so it is like their home."
- The registered manager told us of the rolling programme of redecoration planned to include replacing carpets within the service and the necessary repairs to the dining room.

#### 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).

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.

- Trained staff understood the ways in which this legislation related to their everyday work at the service. Staff promoted people's choice and right to choose in as many areas of their lives as possible. This included talking through personal care support before delivering it. A staff member told us, "Most people lack capacity. You treat each individual as an individual and offer choice... We have to offer person centred care for everybody and [people's mental] capacity can change from day to day."

# 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 were supported and treated with dignity and respect; and involved as partners in their care.

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

- During the inspection staff were seen to be kind and patient towards the people they supported. One person told us, "I have been met with love and care from the staff. I have thrived here. It's one of the best decisions I have made [to live here]. I've made such progress I have been signed off by the [named health professional]."
- Staff communicated with people in a way the person understood best. This included staff speaking to people at their eye level, face on and speaking clearly. Trained staff understood the importance of treating people equally and without discrimination. Examples of supporting people without judgement or discrimination were given by the registered manager.
- People and their relatives gave very positive feedback on care and support given by staff. A relative said how the care and support given at the service had reassured the rest of their family. They told us, "I think it's the overall caring they give that is really good. Gives [named family member] peace of mind as they have got to know the staff here and they have got to know them. A local home that [named family member] can visit."

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

- People and their relatives confirmed that staff knew and respected them and their family members well. Staff communicated with people and their relatives and involved them in decisions about their, their family members care and support needs. A relative said, "We feel involved as a family in care decisions."
- People and their relatives told us communication with the management and staff team was good and this helped them feel involved. A relative said, "Staff communication is very good...Visitors are made welcome. Reassurance is around the care [family member] gets is second to none."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy and dignity by not discussing people's support and care needs in front of other people. Staff also knocked before entering a person's room.
- A relative told us, "Staff keep [family member] clean, tidy and dignified."
- At the start of this inspection we found that people's care records were held in an unlocked cupboard. We spoke to the registered manager about this and this was corrected during the inspection.

# 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 good. At this inspection this key question has remained the same. 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

- Staff knew the people they were caring for well including their likes and dislikes.
- People and their relatives told us how they were involved in the setting up and review of their family members care records. A relative said that their family members care record was, "Set up with my [named family members] help." Another relative told us, "I am always contacted and updated. There was a pre-assessment done which went through; this is who we are, and we went through the care needs. [Staff] have done everything I expected them to do and kept me involved throughout."

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.

- Information was available to people in large print to aid with their understanding.

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

- Staff encouraged people to maintain their hobbies and interests such as reading and take part in activities should they wish to do so. During the inspection we saw games being played.
- A person told us about the activities they took part in and sometimes lead on. They said, "I like to keep my brain busy, I write and read and entertain the other service users."

Improving care quality in response to complaints or concerns

- The registered manager told us they had received no complaints about the service. Information on how to raise a complaint and the process then followed was on display in the reception area of the service for people and their visitors to view. A relative said, "There is an open-door policy if you wanted to raise a concern. I feel totally at ease speaking to anyone here."
- Staff had received compliments about the care and support they have given to people.

End of life care and support

- Staff supported people at the end of their life. A relative told us, "Staff were absolutely amazing with my [family member] who had dementia bad. Staff were really good with my [family member]. [The registered manager] was amazing when we were losing [family member] visiting them in the hospital, and [named registered manager] met us after [family member] passed away. They tried so hard to get [family member]

back from the hospital to die here. [Registered manager] was with us until the day of the funeral they went above and beyond. I cannot fault the way they looked after my [family member]."

- Nobody currently using the service was on end of life care. Trained staff would work when needed alongside external health professionals to try to make sure the person had a dignified death in line with their wishes.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to notify the CQC of incidents they were legally obliged to notify us about. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission Registration) Regulations 2009 (Part 4).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We found that the registered manager now notified the CQC of incidents they were legally obliged to notify us of.
- Staff told us the registered manager listened to their suggestions on how to improve the service. A staff member said, "Things have improved since the last inspection like the staffing [levels] and the atmosphere."
- Staff undertook audits to monitor the quality of the service provided. The owner also visited regularly and where improvement was noted during these visits these would be added to the service improvement plan.

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

- People and their relatives spoke positively about the registered manager and the care and support staff provided. A person said, "I extended my respite by a couple of weeks and by week [named number] I had made the decision to stay." A relative told us, "I can talk to the staff and the staff are very approachable, I can ring the manager if there was an issue and I feel confident they would call me back and deal with it."
- Surveys were undertaken to gather feedback on the service from people and staff. Records showed that positive feedback was received. One staff member had raised a query around training and the registered manager explained how this was investigated.
- Staff told us they felt very supported and could describe to us the values of the service. They also told us there was an expectation for them to deliver a high standard of care. A staff member said, "Values are care and keeping people safe. Caring for them. The care is effective, responsive and well-led by the [registered] manager and the team."

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 provider and registered manager had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to. A relative told us that they felt communication was good

because, "when I visit there are never any surprises."

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

- Fundraising was used to buy people at the service a film projector and screen as part of the later life initiative they called 'sparkle.' The registered manager was working hard to establish links within the local community. Examples included film nights, and links with the local scout's group, the rotary club and the local supermarket.
- The registered manager gave us examples of how people's individual equality and diversity characteristics were promoted and respected by staff.

Working in partnership with others

- The registered manager worked in partnership with external organisations such as the local authority contracts monitoring team and quality improvement team. They also worked with people's GP's, district nurses, mental health team and chiropodists. This helped make sure people received joined up care and support.