

Maria Residential Home (EMI) Limited

Maria Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Maria Residential Home is a family run care home registered to provide care and accommodation for up to 8 older people with dementia. The home does not provide nursing care.

At the time of our inspection there were seven people living in the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection took place on the 24 April 2015. The inspection was unannounced.

There was a warm, friendly atmosphere within the home and people received care and support in an unrushed calm manner. Staff treated people with dignity and respect and made time to sit with people and spend some quality time with them on a one to one basis.

Summary of findings

Through our observations we could see that staff had built up good positive relationships with people who lived in the home as well as their visitors. Staff were very knowledgeable about the needs and histories of people who lived in the home and what they required support with.

The service generally worked in a way which kept people safe from harm. Any individual risks to people's health, care and welfare had been assessed with risk management plans in place to prevent them from any avoidable harm. Any health and safety concerns were documented in people's care and support plans. They were regularly reviewed and updated where any changes were evident.

Staff were knowledgeable in relation to how they would identify and respond to any safeguarding concerns. Their skills and knowledge was kept up to date through regular training. Similarly they were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how it related to people living in the home. Staff we spoke with demonstrated an understanding of mental capacity and acting in people's best interests.

The service had safe recruitment procedures in place to ensure staff employed were of good character and fit to

undertake their role. Staff were provided with an induction, on going training and supervision to ensure they met people's care and support needs safely and competently.

There was a complaints procedure in place, although people we spoke with told us they had no reason to complain, that they were happy with the care and support they received. Likewise relatives we spoke with told us there had been no reason to raise any formal complaints. They told us that if they had any small concerns they would relay them to the manager or staff and felt confident they would be dealt with appropriately.

The provider had failed to review and ensure they had an up to date fire risk assessment in place and also failed to undertake regular fire drills. These failures had the potential to place people using the service and others who entered the home at possible risk.

The provider's system for checking in medicines failed to ensure the medication received from the pharmacy matched that prescribed by the GP

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Robust systems were not in place for checking in people's medicines when they were received from the pharmacy.

Staff understood their duty of care and responsibilities in relation to safeguarding people from abuse and to keep them safe.

Records in people's care files showed staff had identified people who might be vulnerable to abuse and strategies were thoroughly documented to inform staff how to safeguard people in such a situation.

Requires improvement



Is the service effective?

The service was effective

Staff were provided with an induction and training opportunities to equip them with knowledge and skills to carry out their job.

Systems were in place to ensure staff were trained, supported and monitored to meet people's individual needs effectively.

Good



Is the service caring?

The service was caring.

Staff interacted with people in a kind, caring manner.

Staff showed patience and encouragement when supporting people, had a good understanding of people's needs and knew them well.

People were assisted to access an independent advocate to speak up for them and support them if required.

Good



Is the service responsive?

The service was responsive.

Records were maintained of routine appointments with dentists, opticians and chiropodists to ensure people's health care needs were being met appropriately.

Systems were in place to manage complaints.

Care plans were in place that reflected people's individual needs.

Good



Is the service well-led?

The service was not well led

The provider did not have an up to date fire risk assessment in place and failed to undertake regular fire drills which had the potential to place people at risk.

Requires improvement



Summary of findings

The home's vision and values were person-centred and made sure people were at the heart of the service.

The provider did not always notify the Care Quality Commission of certain incidents, events and changes that affect a service or the people using it as they are legally required to do.

Maria Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 24 April 2015 and was carried out by one inspector. This was an unannounced inspection which meant staff and the provider did not know we would be visiting.

Before the inspection we reviewed all the information we held about the service. We looked at previous inspection

reports and 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.

During the inspection we spoke with four people living at the home, who were able to communicate with us and five staff which included the registered manager. We spoke with one visiting relative and were able to contact a further two relatives by telephone after the inspection. We looked at a number of records relating to individual's care and the running of the home. These included three care plans, two newly recruited staff's recruitment documentation, duty rota's. We also looked at staff training records, accident and incident records and records relating to management of the service.

Is the service safe?

Our findings

One relative told us “I feel [named relative] is safe here. They then added “I come here nearly every day and have never seen the staff mistreat them, they are all very kind and really approachable.” They further added that the staff had never discriminated against the person and that they were very supportive of the person’s cultural needs. We spoke with two further relatives by telephone after our visit. They all felt people were safe and knew who to speak to if they had any concerns.

We noted robust systems were not in place for the checking in of people’s medicines when they were received from the pharmacy. Medicines received were checked against people’s medicine administration records (MAR) but no reference was made to people’s prescriptions to ensure they matched up and there were no errors on the MAR. Whilst checking the documentation for one person it became evident that they were not receiving their medication as prescribed by their GP. They were prescribed a pain killer to be taken four times a day, however the monitored dosage system (MDS) supplied from the pharmacy only contained three doses as opposed to four yet the instructions on the MDS stated to be taken four times a day. The instructions on the MDS were contradictory to that printed on the MAR in that the MAR indicated to be administered three times a day. Staff had not picked up the error when checking in the medicines. Whilst this had no ill effects to the person this meant the system for checking in people’s medicines were not always effective and had the potential to place people at risk.

We looked at the providers medication policy which had been reviewed in March 2014 to ascertain the checking in process staff were to follow. It informed staff were to check each medicine in the MDS against the MAR sheet entries, ensuring the medicine details and quantities matched.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider’s system for checking in medicines failed to ensure the medication received was as prescribed by the GP.

Appropriate arrangements were in place for the secure storage of medicines. Each person had an individual lockable medicine cabinet in their room. Whilst no one living in the home managed their own medicines the keys

to the cabinets were held by the staff member designated to administer people’s medicines. Staff told us they only administered people’s medication when they had received medication training and been observed and assessed as competent to do so. All staff who administered medication had been trained to do so and had their competency assessed prior to undertaking the role.

Risks to people’s safety were appropriately assessed, managed and regularly reviewed to ensure their safety and welfare. Each of the care records we saw contained up-to-date risk assessments with guidelines in place for staff to follow. These were person centred and included any risks in relation to moving and handling, nutrition and hydration, pressure area care and medication. We saw these were reviewed each month or as people’s needs changed and their care plans were updated accordingly.

Safe recruitment procedures were in place. We looked at the documentation for two new staff. We saw checks had been undertaken to ensure their suitability to work with older people. A Disclosure and Barring Scheme (DBS) check had been undertaken, references sought, a health declaration provided and a working history had been gained before they began working at the home.

We discussed the staffing levels with the management team who informed us the staffing levels were determined by the level of people’s dependency. We were informed there were three staff covering during the day until 3.00pm, two staff from 5.00pm until 10.00pm. The night shift was covered by one awake staff with a member of staff on call who could be contacted if they were needed. We looked at the rotas for the month of April 2015 which verified what we were told. Staff we spoke with felt there were enough staff to meet the needs of the people living in the home. We saw there were enough staff available throughout our inspection to meet people’s needs appropriately.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm. Through discussions with them, it was evident they were knowledgeable about what constituted abuse and were able to provide examples of different types of abuse. They were familiar with the whistle blowing policy, and knew they were to report any allegations or incidents of abuse to their manager. They told us they had access to policies and procedures to guide them on how to deal with any allegations or suspicions of abuse. Records in people’s care files showed that staff had identified people who might be

Is the service safe?

vulnerable to abuse and strategies were thoroughly documented to inform staff how to safeguard people in such a situation. Staff informed us they were provided with safeguarding training during their induction and regularly thereafter. We saw documentation to show they had

received safeguarding training in January 2014 and we were informed the local authorities quality in care team had provided some safeguarding training recently. We spoke with a member of the quality in care team who verified this.

Is the service effective?

Our findings

People were supported to have sufficient to eat and drink throughout the day and to maintain a healthy well balanced diet. The care plans we viewed contained nutritional screening assessments and records to show people were weighed regularly to ensure they received adequate nutrition and maintained a healthy weight. Information about people's specific dietary needs and the level of support they needed were also documented.

We observed people having their lunch during our visit. We noted there was only one choice of main meal. The provider told us this was because the meal had been based around people's preferences but if they did not want the meal offered an alternative could be made. We saw this was the case when one individual did not appear to want the meal provided. They requested they had mashed potato rather than the chips with their fish. Staff accommodated their wishes. A little later it was evident the individual was not eating much of the meal. Staff observed this and asked them if they would prefer something else. They were offered an omelette with a choice of filling but the individual declined, they then offered further choices and these too were declined although they enjoyed the dessert. People were provided with a choice of dessert and second helpings if they wished. After tea and in the early hours of the evening a selection of pizzas were ordered and delivered into the home. These were enjoyed by people living in the home and staff alike.

We saw positive interactions took place between staff and people who were dining. Staff assisted people who needed extra help in a discreet and caring manner. They sat in a chair next to the person so they did not draw attention to the person they were helping. People could have their meal in the communal lounge or at the dining table by the kitchen. One person had theirs at the dining table. They told us they liked to have their meal there. People were not rushed and could enjoy their meal at their leisure. Clothes protectors were provided for people who required them and staff were diligent in wiping people's mouths and hands after their meal. These actions helped the meal time to be a dignified experience for those who needed any extra help.

There were procedures in place in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making

decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

We saw documentation within people's care files to show best interest meetings had been held. For example, we saw documentation within one person's file in which the individual, their family and social worker had been consulted with about their move to Maria Residential Home. They and their representatives had all been consulted with and been involved in the decisions about how their health, social and personal care needs were to be met. This was to ensure their care and support was delivered in line with their individual needs whilst promoting their safety and well being.

Staff we spoke with demonstrated an understanding of capacity and consent, and acting in people's best interests. They had recently received MCA and DoLS training through the local authorities quality in care team and showed a good knowledge in this area and how it related to people who lived in the home. They told us they always explained what they were going to do and gained people's consent prior to providing them with any care or support. This was confirmed to us by people we spoke with and through our observations.

The management team demonstrated a knowledge and understanding of the MCA and DoLS and when to make an application to the local authority. We noted one person had an approved DoLS in place and we were advised they were in the process of making further applications for people with dementia care needs because they were unable to leave the home unescorted.

Staff confirmed they received training during their induction period, after which they shadowed experienced staff until they felt comfortable and had been assessed as competent to undertake their role. Their competency was assessed by a member of the management team through observation of their practice to ensure the learned skills and knowledge were put into practice safely and effectively. The induction covered areas relevant to the needs of the people they provided care and support for and covered subjects which the provider deemed as mandatory. This included health and safety, first aid, moving and handling, safeguarding, medication, mental

Is the service effective?

capacity and deprivation of liberty safeguards, dementia and fire awareness. This helped ensure they had the knowledge and skills to undertake their role safely and effectively. A member of the management team informed us the staff team's mandatory training was updated regularly to ensure their knowledge and skills were up to date. They told us they did not keep a staff training matrix as the team was a manageable size and that they all do their training at the same time of the year. We saw relevant training had been provided to meet the needs of the people who used the service.

Staff confirmed they felt well supported and received regular supervisions and an annual appraisal. These were

two way discussions which enabled them to discuss their work and any concerns as well as discussing any personal development needs. We saw these had been documented in staff personnel files.

Appropriate equipment was in place for people with poor mobility and for those who were frail and at risk of pressure area damage. These included pressure relieving mattresses to prevent the risk of pressure sores and grab rails to aid people with poor mobility. We were informed there was a hoist available in the home for instances where people may not be able to mobilise independently, although no one residing in the home had a need for a hoist.

Is the service caring?

Our findings

People we spoke with and their families told us they were happy with the care and support provided at Maria Residential Home. One relative told us “All in all I am happy, If I wasn’t [she] wouldn’t be here.” Another relative told us they found the staff all very caring and compassionate.

One person living in the home said “They are all very nice and look after us well”

Throughout our visit we observed staff talking with and supporting people in a kind, gentle and compassionate manner. Staff showed patience and encouragement when supporting people and had a good understanding of people’s needs and knew them well. We heard them speak with people politely and respectfully and calling them by their preferred name. We noted staff took time to sit with people spending quality one to one time with them chatting and involving them in one to one activities. We saw staff on numerous occasions sitting beside people and holding their hands whilst engaging in conversation with them.

People were given choices in relation to how they spent their day, what time they wished to retire to bed and get up in the mornings as well as choices around what they liked to eat. These were fully documented in their care files so staff could provide them with care and support according to their wishes.

People were given appropriate information about the home and the facilities that were available to them when they came to live at Maria Residential Care Home. We saw a

copy of the home’s brochure readily available in the reception area. Information leaflets relating to health issues, care home fees and other general information was also readily available in the foyer of the home.

The service recognised the importance of a caring supportive environment which welcomed people’s friends and families and actively supported them to continue to maintain relationships they had prior to moving into the home. One visitor told us “They always make me feel welcome and have been very supportive of me taking [relative] out.”

Important events and memorable occasions such as people’s birthdays and Christmas were celebrated with them.

People were assisted to access an independent advocate to speak up for them and support them if required. Similarly they supported people during their reviews of care if they felt they needed an independent person to support them in the process.

People’s care plans generally contained information in relation to people’s wishes about end of life and resuscitation. These had been discussed with their GP and where people were unable to give consent to their care and treatment, best interests decisions had been made with relevant others. Documentation within their files informed staff who they wished to be involved in their end of life care and any arrangements they wished to be carried out. Whilst there was no one receiving end of life care, we were informed the home would access support from the Ian Rennie and Macmillan nurses for people’s end of life care if required.

Is the service responsive?

Our findings

Documentation within people's care files showed their needs had been assessed prior to them moving into the home. This enabled people and their families/representatives to discuss their health, social and personal care needs and ensured both parties were confident their needs could be met appropriately. The information was then used to develop an initial care plan which set out the care and support they needed in a personalised way. This meant staff were informed of people's needs and the level of support they required to meet their needs.

People and their relatives told us they were consulted with about their care and support needs and were fully involved in the development and reviews of their care and support plans. This was evident in the care plans we viewed. They were personalised according to people's individual needs, preferences and wishes. They contained signed documentation to show they and/or their representatives had been consulted with and agreed to the contents.

We looked at the care and support records for three people who used the service. Each care plan provided staff with detailed guidance about people's individual health, social and personal care needs. They provided staff with information on people's individual likes and dislikes and how they were to meet their expressed needs. This ensured people received care and support in a way they preferred.

People's life histories had been documented, these provided staff with a picture of the person's life history, their hobbies and interests and family connections. During our visit we observed staff interacting with people on a one to one basis. This included talking to them, playing board games and word games. We also observed a group ball game in which people were playing catch and we saw a group of people enjoying a reminiscence session with a

staff member in the conservatory. This showed there were a variety of activities made available for people to take part in if they wished and protected them from the risk of social isolation and lack of mental stimulation.

Care plans we viewed had been regularly reviewed in consultation with the person and/or their representatives to ensure they were up to date and met their needs accordingly. Where any changing care needs were identified they had been documented in their care and support files and communicated to the staff team. This meant people's care and support was planned and reviewed proactively with them and/or their representatives involvement.

Records of health professional visits and any actions taken were recorded and care plans updated where people's care needs had changed. This showed staff worked jointly with other health care professionals to meet people's needs in the most appropriate way.

We spoke with a contracts officer from the local authority who told us the last monitoring visit they had undertaken was in August 2014. They told us that during their visit they found the staff interacted well with people living in the home and were responsive to any requests.

There was a formal complaints procedure in place which outlined how complaints would be managed and provided timescales in which people could expect their complaint to be investigated and responded to. Details of how to make a complaint were also documented in the homes brochure which people had access to. We were informed these could be provided in large print or other formats to suit people's individual needs.

The provider had a complaint book to log any complaints and the actions taken in response to them. We were informed there had been no formal complaints since 2011 and people generally raised any concerns informally with the staff. These were then dealt with before they became an issue and subsequently a formal complaint.

Is the service well-led?

Our findings

Maria Residential Home is a family run service and the registered manager is very much supported by family members who make up the management team along with a dedicated team of care and support staff. Staff demonstrated an all-round knowledge of the service, its vision and values and of the people who lived in the home.

Staff we spoke with as well as relatives told us the management had an open door policy and they could meet with the management at any time without the need to book an appointment. They knew how to raise any concerns and who to speak to in such instances.

The service had a quality assurance policy in place dated March 2014. This informed us the service aimed to audit all areas of the home every 6 months and a sample of residents, relatives and staff would be interviewed to gain their views. However the provider had no clear audit systems in place and no documented interviews had been undertaken to gain the views of people using the service or those of the staff who worked in the home. Whilst people's views had not been sought on a formal basis we were informed they were gained informally. Their views were gained through talking to people and their representatives on a day to day basis since many relatives visited once or twice a week. As part of the governance of the service, there was no formal means being undertaken to seek feedback from people using the service and/or their representatives to enable them to continually evaluate the services provided and drive improvement. The lack of quality auditing meant the registered manager failed to follow the principles of good quality assurance.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person did not have an effective system in place to enable them to regularly assess and monitor the quality of services provided.

Whilst the provider had knowledge and understanding of the need to notify the Care Quality Commission of certain incidents, events and changes that affect a service or the people using it, they had not always done so. We looked at the accident incident record book and found two incidents which had both been between two people which the provider had failed to notify the Care Quality Commission

or the local authorities safeguarding team about as they are legally required to do. Likewise the registered manager had failed to notify us of the death of a person whilst in hospital.

This was a breach of Regulation 18 of the Care Quality Commission(Registration) Regulations 2009.

The registered manager of the service was the responsible person for ensuring fire safety procedures were in place and implemented in the home. We looked at the home's fire safety policy and found the service was not following their policy and procedures in undertaking regular checks to ensure people were adequately protected from an outbreak of a fire in the home. We reviewed fire safety in the premises and found the home's fire risk assessment was out of date, it was dated January 2013 with a note stating to be reviewed by August 2013. There was no documentation to show this had been reviewed since 2013. The fire officer visited the home in the same year and the outcome was satisfactory. The provider informed us that whilst the risk assessment was still relevant as nothing had changed since, they would review it.

Similarly we noted fire drills had not been undertaken since August 2014. The home's fire safety policy dated March 2014 stated 'fire drills are to be held at a minimum of three times a year'. These had been done up until August 2014 and no further drills had been undertaken since.

The registered manager had undertaken weekly fire alarm tests up to and including August 2014, after which there was a lapse with no further tests being undertaken until January 2015. We were informed monthly fire alarm tests were now in place and saw these had been documented each month since January 2015. The lack of reviewing and having an up to date fire risk assessment in place and the failure to undertake regular fire drills placed people using the service and others who entered the home at potential risk.

We also noted the provider had not undertaken any emergency lighting checks since August 2014.

This was a breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not follow their policy and procedure to identify and assess risks to the health and safety of people who use the service.

Is the service well-led?

We made contact with the local authorities contracting team after our visit who informed us they had carried out a monitoring visit in August 2014 and found all areas monitored were found to be good with no areas of concern.

We saw a complimentary letter from a visiting health care professional and one from a relative of a person who had

received care and support at Maria Residential Home for a short period of time. The healthcare professional had praised the home for their well organised care plans and the relative had passed on their thanks for the care and support provided to their family member “at a very difficult time.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the unsafe administration of medicines. This was because the providers system for checking in medicines failed to ensure the medication received was as prescribed by their GP. Regulation 12 (2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person failed to notify the Care Quality Commission about some incidents and events that affect the people using it. Regulation 18(2)(b)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have an effective system in place to enable them to regularly assess and monitor the quality of services provided. Regulation 17(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not follow their policy and procedure to ensure the fire risk assessment was regularly reviewed to ensure it was up to date or undertake regular fire drills. Regulation 17(2)(b)