Healthcare Homes Group Limited

Maynell House

Inspection report

Maynell House Residential Home
High Road East
Felixstowe
Suffolk
IP11 9PU

Tel: 01394272731
Website: www.healthcarehomes.co.uk

Date of inspection visit:
23 August 2017

Date of publication:
25 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Maynell House provides a residential care service for up to 25 older people, some living with dementia. At the time of this unannounced comprehensive inspection of 23 August 2017 there were 23 people who used the service.

At our last inspection of 6 July 2015 the service was rated Good overall, with a rating of Requires Improvement for Responsive. At this inspection we found the service remained Good overall. Improvements had been made in Responsive which is now rated as Good. However, we received mixed feedback from people about if they felt cared for and respected. Improvements were needed in how staff and the service demonstrated to people that they were cared for in a compassionate way. People were involved in making decisions about their care and support, not all people felt that they were always listened to. Therefore Caring is rated as Requires improvement.

There was not 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 previous registered manager left the service July 2017. There was a new manager in post and their application for registration had been received.

The service continued to provide a safe service to people. This included systems designed to minimise the risks to people, including from abuse, in their daily living and with their medicines. Staff were available when people needed assistance, however, care provided was based on tasks required for people's needs. The recruitment of staff was done safely.

People were supported by staff who were trained and supported to meet their needs. 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. Systems were in place to assess and meet people's dietary and health needs and for people to maintain good health and have access to health professionals where needed.

People received care and support which was planned and delivered to meet their individual needs. People were supported to participate in meaningful activities. A complaints procedure was in place.

The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Requires Improvement

The service was not consistently caring.

We received varying comments from people about if they felt respected and cared for.

People were included in decisions about their care. However, we received differing comments from people about if they felt listened to.

Is the service responsive?

Good

The service was responsive.

Improvements had been made in how people's needs were assessed, planned for and met. Care plans had been reviewed and guided staff on how people's individual needs were met.

People were provided with the opportunity to participate in social activities.

There was a complaints procedure in place.

Is the service well-led?

Good

The service remains good.

Maynell House

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 unannounced comprehensive inspection was carried out by one inspector and an expert by experience on 23 August 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection the provider completed 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 14 people who used the service and one person's relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us. We observed the interactions between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the manager, the regional manager and six members of staff, including the deputy manager, senior care, care, domestic and activities staff. We looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection of 6 July 2015 the service was rated Good. At this inspection we found the service remained Good.

We saw that people were safe in the service and comfortable with the staff who supported them. We received information about the service on the Care Quality Commission (CQC) website which stated, "[Person] grew very quickly to feel safe, comfortable and loved in this environment."

People continued to be protected from the systems in place designed to keep people safe from abuse. People received support from staff who were trained and understood how to recognise and report abuse.

Risks to people continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with choking, pressure ulcers, mobility and falls. We were able to track the appropriate actions taken by staff following a person falling in the service. This included contacting the person's relatives and calling in the GP to see the person. We also observed a discussion between staff regarding a referral that had been made to the falls team and the feedback received. Records reflected the incident and actions taken. Where people were at risk of pressure ulcers developing or deteriorating there were systems in place to minimise risks. This included the support from health professionals, pressure relief equipment and repositioning.

Risks to people were minimised in the service because electrical, mobility and fire safety equipment was regularly checked to ensure they were safe. Regular fire safety checks were undertaken to minimise the risks to people in case of a fire.

People told us about their experiences of the staff's response to their call bells. One person said, "Once or twice I have rung my alarm, they [staff] came quite quickly, they don't come up very frequently." Another person commented, "I only ring my alarm if I have to, they come quickly, I would ring it for the toilet, for help with my cardigan." Another person told us, "Normally when I ring my alarm they are not too long." Another said, "It's more or less ok, not like being at home, staff are alright usually, sometimes they are short. When you use your alarm it depends, sometimes they are quick, other time you think they have given up on you."

The manager told us that the staffing level continued to be appropriate to ensure that there were enough staff to meet people's needs safely. Records confirmed what we had been told there were three care staff and a senior on duty during the day and two staff at night. A dependency tool was used to calculate the number of staff required to meet people's assessed needs. However, a staff member told us that there were six people who required the support of two staff with their personal care needs. We discussed the staffing levels at night with the manager who told us that there were systems in place for night staff to request support in an emergency, including calling the on call cover. The manager told us that they had visited the service to speak with night staff at 6am the week before our inspection and also planned other visits to check if there were any problems with this. The manager told us that the service was fully staffed. There were arrangements in place to minimise the risks of the service being short of the planned staff numbers,

such as if there was unplanned leave.

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

Medicines continued to be administered safely. One person told us, "I get my pills on time, I assume they are on time." Staff were trained in the safe management of medicines and their practice was observed in competency checks to ensure that they were working safely. We observed people being provided with their medicines during the day and this was done safely and with the people's consent. Records showed that medicines were given to people when they needed them and kept safely in the service. Audits allowed the staff to identify any issues and take action to address them.

The manager told us that they had identified that topical cream administration records had not been completed appropriately to show that they had received these medicines. However, they had introduced improvements. The recent cream charts we reviewed showed that they had been appropriately completed. The manager said that this would be kept under review until the improvements were embedded in practice.

There had been an issue with the medicines provider at the last delivery. The manager told us the action they had taken to reduce the risks to people. This included contacting the GP and pharmacy. A staff member said that the GP had been supportive of the service and made out prescriptions to ensure people got their medicines. The manager told us that they planned to contact the pharmacy regional manager to discuss the incident and reduce the risks of a similar incidents happening in the future.

Good

Is the service effective?

Our findings

At our last inspection of 6 July 2015 the service was rated Good. At this inspection we found the service remained Good.

People told us that the staff had the skills to meet their needs. One person said, "Staff are very good and seem to know what they are doing." Another person commented, "I think they know their job."

Staff told us that they were provided with training and the opportunity to achieve qualifications relevant to their role. The service continued to provide staff with training and support to meet people's needs effectively. Training provided to staff included safeguarding, moving and handling, fire safety, dementia, and medicines.

Records and discussions with staff showed that staff continued to be supported in their work role. There was a plan in place which identified when staff had received and were to receive one to one supervision and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The manager showed us the template for a themed supervision, including discussions about supporting people to reposition, to be provided to all staff by the end of August 2017. There were plans to have further themed supervisions to check staff's understanding and practice.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. Where people had been assessed as lacking capacity the service had made referrals where appropriate and best interest decisions made to ensure any restrictions were lawful. Staff had been trained in MCA and DoLS and continued to demonstrate they understood the MCA and how this applied to the people they supported.

The service continued to support people to maintain a healthy diet. People told us that they chose what they wanted to eat and drink and where they wanted to eat. One person said, "Food is very nice, you can't grumble about that. Sometimes there might be something you don't like but there is usually an alternative." Another person commented, "The food is quite nice. I've got no complaints about the food itself, I had a

fried egg this morning, for lunch its chicken. I usually go and sit down but not today." Another commented, "I like dinner, breakfast and tea, I always have it here [in their bedroom]."

Some people told us that they had varying experiences of the food provided. One person said, "I like the food most of the time." Another person commented, "The food is nicer some days than others, some of it is dreadful. We do get a choice." A third person said, "I think its chicken [for lunch], we have a lot of chicken but I like it, the vegetables are not cooked enough, they don't go down."

Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals. In addition records were kept to allow the staff to monitor if people had enough to eat and drink, where people required assistance to gain weight high calorie items such as drinks were provided. There were snacks in the service that people could help themselves to, including fresh fruit. The minutes from a staff meeting in June 2017 identified that staff discussed people's specific dietary needs and how these were met.

People told us they were supported to access health professionals when needed. One person said that they had a pain the morning of our inspection and the doctor had been called to see them. They also told us, "I've been to the dentist recently … I'm going again shortly." Another person commented, "You have only got to ask your personal attendant 'I think I need to see a doctor' and they will get one, or they make another suggestion and it's up to you which one you choose."

People were supported to maintain good health and had access to health professionals where required. People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans. This ensured that people received consistent care.

Requires Improvement

Is the service caring?

Our findings

At our last inspection of 6 July 2015 the service was rated Good. At this inspection we found that the service needed to make improvements. There were conflicting comments from people who used the service about if they were treated with compassion and respect. Some of the comments made by people identified that they did not feel listened to and respected and some said that they did. In addition we observed some caring interactions from staff and some that required improvement.

We saw that staff were available when people needed them and they responded to people's requests for assistance. However, the care provided was in the main task led. This was confirmed by staff, one said, "We don't have as much time as we would like to sit with people." Another staff member said about the staffing levels, "Dependency wise there is enough, but maybe not to sit and talk." However, we did see some instances where one staff member sat with a group of people at tea time discussing films that they may like to watch. Another staff member had been for coffee in one person's bedroom. We spoke with the manager about our findings and they told us that as part of the provider's improvement plans they were looking at the dependency model used. In addition they would look at ways of improving people's experiences.

Staff needed to be more proactive and there could be more care taken to show people that they mattered. For example not all people's spectacles were clean. One person told us, "I haven't got my hearing aid in as I haven't asked them [staff] to put it in, they haven't got the time." Another person commented, "Lunch was ok, it was cold but ok." Another person said, "I ain't too keen on the tea, it's always too milky." Another commented, "I don't think they should have habits, I'd like a cup of tea when I want it. I was promised a cup of tea but you never know when it is coming."

Some people had differing views about how they were treated. One person said, "Most of the staff are pretty good, you get the odd one that's hoity- toity, they think they are above you." Another person said, "It's lovely, I couldn't be in better hands, they have got patience with me which is the main thing. They do work hard, they try and make jokes, pass the time. There is one that is so abrupt and brusque."

Some people did tell us that they felt that the staff were caring and respectful. One person said, "They are pretty good." Another person commented, "The staff are lovely, they do what they have to do and get on, sometimes they have a little chat." Another person said, "I did have a shower this morning, they [staff] are respectful, very very good." Another told us, "Staff are very good, kind and helpful." One person's relative told us, "I think on the whole it's very good, the staff do very well with [person] really. I think they are caring and compassionate."

A compliment received by the service from a relative when the person had fallen in April 2017 stated about the staff, "Who were so professional, kind and gentle with [person] at a very difficult moment. I was very impressed and so glad [person] is there with you all," and, "The kitchen staff also who made [person] (and me) an omelette when all the hubbub had died down, just lovely…It makes a huge difference to our peace of mind to know [person] is well cared for."

We saw some caring interactions between staff and people. They spoke with people at their eye level and listened to what they said. One staff member talked with a person about their hair, the person agreed they would like it trimmed and arrangements were done to do this.

Staff spoke about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. However, we did see an incident where a person's dignity was compromised. We told the manager about what we had seen and they assured us this would be addressed.

People's care records identified that they had been involved in their care planning. This included their usual routines, likes and dislikes, and preferences. Records included information about how people's independence was respected and encouraged. People had signed documents to show that they agreed with the contents. One person said, "I have a care plan… I think I helped write it." The records included information about the choices that people had made regarding their end of life care. This included if they wished to be resuscitated, and where they wanted to be if they became ill, such as remain in the service or in hospital. A compliment received by the service in December 2016 from a relative stated, "Thank you so much for the patient way you looked after my [person] for the last [time the person lived in the service]. Also for the sensitive way you handled [person's] dying days. My family are very grateful."

People told us that they made decisions about their care and that staff listened to what they said. Another person said, "It's alright, you are free to do what you want." Another person told us, "They are respectful, they ask if you want to sit outside, what you want to wear."

However, we received comments from others where they did not feel that they were listened to. One person commented, "I think it's pretty awful, the general attitude towards me, 'you do as I say.' I don't see them [staff] very often." Another person told us, "Staff are alright, they haven't got enough time for you, they are 'are you ok?' and offski [off]. They are not overfriendly, one or two are very nice. I have a strip wash, they are respectful but they like their own way."

We saw a staff member talking with a person who had spent the morning in their wheelchair. The staff member offered to assist the person to move into a more comfortable chair and encouraged the person in this. However, the person refused and said they did not want this to happen. Their choice was respected. The person decided to sit at a table with the daily newspaper. They told us, "I am quite happy here [at the table and in their wheelchair]." Later we saw a staff member approach the person check that they were comfortable and offered them a drink, they said to the person, "What would you like me to do?" This showed that the staff member respected the person's choices.

People made their choices of what they wanted for lunch just over an hour before lunch time. This meant that people could remember what they had chosen and could choose what they wanted on the day. During lunch in the communal areas people were served the main part of their meal on plates, the staff then served people with their choice of potatoes and vegetables. One person refused vegetables and we saw staff encouraging them to have them in a caring way which respected their choice. They said, "What about trying a bit of each? If you don't eat them it doesn't matter, but you might like them."

People's bedrooms were personalised with pictures, photographs and ornaments, which reflected their choice.

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships.

Good

Is the service responsive?

Our findings

At our last inspection of 6 July 2015 responsive was rated Requires Improvement. This was because people's care records required further information and guidance for staff relating to how people's specific needs were assessed and met. At this inspection we found improvements had been made.

We received information about the service on the Care Quality Commission (CQC) website which stated, "I would like to put on record to CQC the wonderful way Maynell House looked after and cared for my [person]. I couldn't have wished for [person] to be in better hands. The staff are all first rate, the rooms spacious and kept very clean and the food and drink very good. Maynell House gave my [person] [amount of years person lived in the service] a good life quality for which I and my family will be eternally grateful." One person said about the service, "It's not bad, so-so." Another person commented, "I get washed early in the morning, they just wash me I don't have a shower," which was their choice. Another person told us, "The care is pretty good for me and [relative], you get washed every morning and on a Sunday before I go to church I have a lovely shower." Another person said, "I wake at 7.30am, then I wait for a wash after breakfast, I like to eat first. They [staff] are pretty good, tolerant."

The manager told us about the systems in place for when new people were moving into the service. This included a needs assessment to ensure that the service could meet the person's needs. They shared an example of a person who had raised an interest in moving into the service. They had visited the service, had a meal and met the staff and people.

People's care plans had been improved and included detailed information about the person, their preferences and specific needs. The records described people's conditions, including dementia, diabetes, depression and Parkinson's disease, and how they affected them in their daily living. People's care plans provided guidance to staff on how they were to meet people's needs and preferences.

The manager shared an example of how they responded to a person's preferences. This included eating their meal alone in the small dining room. However, they had also recognised that others may choose to sit at this table. Another person was not always able to verbally communicate their preferences. In response to this the manager told us a communication board had been ordered to support the person's communication. However, staff who knew this person well was able to communicate effectively with them.

People told us about the activities provided in the service. One person said, "I make a cake here now and again. Sometimes we have entertainment, I go and sit in the garden, we have pretty good entertainment. I do a bit of gardening. I came third in the sunflower competition." Another person commented, "I enjoy the activities, most of them." A third person said that they had enjoyed the trips out in the community.

A compliment received by the service from a relative in May 2017 stated, "[Person] enjoys joining in with the activities that [activities coordinator] arranges, these can be craft activities, gardening as well as trips out in the minibus. I personally like how some of the activities are theme related to the seasons and/or special dates e.g. Easter bonnets…all of this contributes to the holistic approach to caring for its residents that

Maynell House has and I know my [person's] life is enriched as a result."

There was an activity programme displayed in the service, which identified the activities planned for each day. These included weekly exercise with a visiting professional, games, watching a film, garden club and visiting entertainers. On the morning of our inspection the activities coordinator worked with people in the garden doing an arts and crafts activity. People in the communal areas read their newspaper and a book. People were taken out for a walk around the garden and in the community. One person asked a staff member to help them with their nails, which was done as requested. People, who were able, went out in the community independently. One person told us that they attended church every Sunday.

The manager told us about the gardener in the service who had started a gardening club, which people enjoyed. They had also organised visits to see gardens.

The activities coordinator worked 15 hours a week, which was divided to three hours Monday to Friday. We spoke with the activities coordinator who told us that they worked with one of the provider's other services which was next to Maynell House in planning activities and sharing ideas. They researched activities appropriate for people using the service to minimise the risks of people becoming bored. The activities coordinator said that they had recently attended training in activities. They shared examples of planned group activities such as a fish and chip lunch at the seaside, a charity coffee morning, a ukulele group had visited the day before our inspection and other visiting entertainers, such as music therapy. They said that the people particularly enjoyed the country music group. Later in the day we saw that people were listening to country music. The staff member also left puzzles out in the communal areas for people to use if they wanted to.

The manager told us about action taken relating to people who preferred to stay in their bedrooms. Staff had met with people and their relatives to discuss what they could do to encourage social interaction. This was confirmed in records. We discussed the one to one activities with the activities coordinator. They told us that they visited people who chose to stay in their bedrooms prior to starting the planned group activities daily to ask if they wanted to do anything and have a chat. They gave examples of things they did on a one to one basis with people, such as walking to the local shops to buy sweets. One person confirmed that they did this and said, "I like chocolate." Another staff member said, "We all go around to people's rooms [bedrooms] to check if they need anything, one [colleague] has been down for coffee this afternoon with [person]. Some people like to be left alone."

However, the comments from people about the interaction they received from staff varied. One person said, "Not many staff come [to their bedroom] and say hello." Another person commented, "It's good, I like to spend all day up here [in their bedroom]. I like my own company." Another person told us, "I daren't ask myself if I am bored, I have a lovely view of a tree from my window." Another person commented, "If they [staff] are not too busy they come and chat, sometimes all I need is a little company. I don't usually do the activities, if they have music on I sometimes do."

An activities folder included photographs and evidence of the activities provided in the service. These included a fete in August 2017 which was opened by the Mayor, a local cliff top walk showed people enjoying ice creams, and trips out to local places of interest. People had also decorated their walking frames. We saw several people with their decorated frames, one had a bicycle bell on it, we asked a person if the bell was to let people know they were approaching and they smiled and nodded.

People told us that if they had a concern about the service they would report them. One person said, "I got no worries, none at all." One person's relative said that they had made a complaint previously and this was

addressed to their satisfaction. However, one person told us about raising concerns, "Little fiddly complaints they wouldn't take any notice of, they [staff] just give you that attitude. A big one [complaint] I suppose they would."

We saw one person talking with a staff member about concerns they had. The staff member reassured them and the discussion showed that this had previously been discussed. They told the person that they would bring this up in the staff meeting, planned later in the day. We spoke with the staff member and the manager and was assured that the person's concerns had been listened to and were being addressed. There was a complaints procedure in place. Records showed that complaints were addressed and used to improve the experiences of people using the service, such as replacing a lost item.

Good

Is the service well-led?

Our findings

At our last inspection of 6 July 2015 the service was rated Good. At this inspection we found the service remained Good.

The registered manager had left the service in July 2017 and appropriate notifications and an application to cancel their registration was received. A new manager was now in post and had commenced their role 31 July 2017. Initially the manager was meeting people and staff, observing what was happening in the service and to check if any improvements were needed. They had identified some issues which they wanted to improve on. This included meeting with the chef the week before our inspection and a new menu was being introduced. They had also identified that a list of alternative meals was to be displayed so people know what they could have. Although the alternative menu was in place already, this had not been displayed in the service. The manager had independently picked up areas that required improvement and had plans in place to address them. The manager told us that they had visited the service at 6am the week before our inspection and spoke with the night staff. This was to confirm to staff that people's choices were to be listened to regarding people getting up in the morning.

The manager told us that they had been supported by the former manager, another manager and the regional manager. The manager told us that they continued to be supported by the service's management team, which included visits to the service, telephone contact and one to one supervision. The manager attended three monthly business review meetings with other managers and the provider's senior management. They discussed issues such as recruitment, safeguarding and the budget. There were also regional meetings where areas of good practice were shared.

The manager promoted an open culture where people and staff were asked for their views of the service provided. Where comments from people were received the service continued to address them. This included in meetings attended by people using the service and relatives. One person told us, "We have committee meetings now and again to discuss little things." The minutes of these meetings showed that people's views about the service, including meals and activities were discussed. Actions taken to demonstrate that people's comments were valued included feeding back to catering staff about people's preferences. In addition people could share their views in the planned satisfaction questionnaires, there was a suggestion box and feedback forms in the entrance hall of the service where people could share their comments, anonymously if preferred. There was also a forum for people, advocates or relatives to share their views about the service.

The minutes of staff meetings showed that they were kept updated with any changes in the service and people's needs and they could share their views and comments to improve the service. In addition there were 11 at 11 meetings each day, with staff and the manager where they discussed any emerging risk to people, such as falls and weights.

The manager and provider carried out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management, health and safety and the care provided to people. We saw that these audits and checks supported the provider and manager in identifying shortfalls

which needed to be addressed. There was also a quality assurance report in place which had been undertaken by an external professional and a check by the supplying pharmacist. We saw that swift action had been taken to address the recommendations made, including in medicines management, such as risk assessing creams kept in people's bedrooms, which was now in place.

Where incidents and accidents had happened, there were systems to analyse these to check for any trends and to learn from these and reduce the risks of future similar incidents happening.

The manager told us that there were changes planned by the provider for all of their services which were due to commence in four weeks. This included a review of policies and procedures, governance systems, care planning and the dependency tool. There were workshops planned for staff to attend relating to the new documentation. The manager told us that in part these improvements were planned following learning by the provider relating to ratings of other services.

The service had kept updated with changes to regulation, including the display of their rating on their website and in the service.

Staff told us that they were happy working in the service. One staff member said, "I love it." Another staff member commented that the changes in management had, "Gone smoothly, it is run smoothly."

Records showed that the service accessed other services in the community to gain knowledge and share experiences. This included planned workshops to be provided by the local authority in dignity and record keeping and attendance at the Clinical Commissioning Group care home forum.