

Springfield Healthcare Group (Ilkley) Ltd

Mayfield View Care Home

Inspection report

Mayfield View
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Ilkley
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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

Mayfield View is a residential and nursing home situated in Ilkley. The home provides accommodation, personal care and nursing care for up to 80 older people and people living with dementia. Mayfield View accommodates people over four separate communities, each of which has separate adapted facilities. At the time of this inspection two communities were open and there were 29 people living at the service.

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

People's care needs were assessed, and they received good quality person centred care from staff who understood their needs well. People and relatives praised the standard of care and said staff were kind and caring.

The home and the grounds had been designed to meet people's needs. The environment was attractive, homely and spacious. There was a very wide range of facilities available to people who lived at the home. People were able to access diverse individual and group activities.

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; the policies and systems in the service supported this practice.

Staff were knowledgeable and received training, supervision and support to carry out their roles effectively. Staff were committed to providing person centred care and fulfilling opportunities for people.

Medication was managed safely. There were close links with health professionals and other agencies to ensure people's health needs were met and changes responded to promptly

The home was well supported by a team of professional leads. A range of detailed quality checks were in place. Any issues identified were addressed promptly.

The registered manager provided people with leadership and promoted a supportive and inclusive team culture. They were passionate about continuing to improve the quality of the service. Staff felt well supported and were enthusiastic and involved in the ongoing development of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

This was a planned 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?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Mayfield View Care 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

The first day of the inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by one inspector.

Service and service type

Mayfield View is a 'care home'. People in care homes receive accommodation and nursing or 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioning teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care

provided. We spoke with 15 members of staff including the registered manager, deputy manager, a registered nurse, senior care workers, care workers and the chef. We spoke to a visiting health professional. 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 could not talk with us. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We asked the registered manager to send us further documents after the inspection. They were received promptly and considered as part of the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk to people's health and safety were assessed. This included risks associated with moving and handling, nutrition and going out into the community. Staff knew people well which gave us assurance safe plans of care were followed.
- Where people displayed behaviours that challenge we saw staff using appropriate techniques to divert people and reduce distress. Staff we spoke with had a good understanding of the people they were supporting.
- The premises were managed safely. The building was maintained and checks took place including fire, gas and electrical systems. A maintenance worker was employed who ensured the home was maintained to a high standard.
- We identified regular checks of water temperatures in people's en suite accommodation were not in place. We discussed this with the maintenance manager and received assurances from the registered manager after the inspection systems had been introduced.

Staffing and recruitment

- People and relatives said there were generally enough staff. One relative said, "I think there is enough staff. There is always free staff to help [person.]"
- At the time of the inspection people were living on two out of the four floors. The registered manager used a dependency tool to assess the number of staff required. They told us this was reviewed whenever a new person came to live at the home and confirmed staffing levels had recently increased. There was a rolling programme of recruitment in place including an additional night deputy manager to facilitate the opening of additional beds.
- Staffing levels were maintained. We observed communal areas such as lounges were always supervised, and staff were quick to respond to people's request for support although some people said call bells were not always answered in a timely manner.
- Robust recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Systems and processes to safeguard people from the risk of abuse

- Most people and relatives said they thought the home was safe. One person said, "I am safe because I am well looked after."
- Staff had received safeguarding training and understood how to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.

Using medicines safely

- We saw Medication Administration Records were completed indicating people had received their medicines as prescribed. Medicines were well organised and stored safely and securely.
- People's preferred way of taking their medicines was recorded in their care plans.
- One person was prescribed 'as required' medicines. More information needed to be recorded surrounding the reasons the medicines were given in line with health professional advice. We raised this with the registered manager and had confidence it would be addressed.
- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with recognised good practise. Detailed audits were carried out regularly by the regional team.

Learning lessons where things go wrong; Preventing and controlling infection

- Incidents were logged, investigated and responded to. There had been a high number of falls within the home in recent months. A falls working group had been set up and action taken to reduce the number of falls. This included new risk management strategies and adaptations to the environment. This demonstrated the service was committed to the continuous improvement of safety.
- Staff completed training in infection control. We saw they had access to aprons and gloves when supporting people with personal care.
- The home employed a housekeeping and laundry team. On the day of the inspection the home was clean and tidy.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Great care had gone into making the environment suitable for the needs of people who used the service. There was a very good level of facilities within the home to ensure people had opportunities to pursue their interests and lifestyles. This included a cinema, gym, spa area, bar and a pleasant sensory garden with points of stimulation throughout.
- There was a range of tastefully decorated communal and smaller seating areas where people could spend time alone or with visitors. Comments about the home included, "The facilities are fabulous" and "[Person] thought she was checking into a 5-star hotel rather than a care home."
- Equipment and fittings had been adapted to make them suitable for the needs of people who used the service. Dementia friendly activity areas were available within one lounge. For example, there was an area set up as a nursery. This included an old-fashioned pram, various baby dolls and clothing. We observed people were very relaxed and interactive when they used this area.

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

- People's comments were generally complimentary about the food.
- People's nutritional needs were met by the service. People had access to an excellent range of food, with a range of choices available at each mealtime. Adjustments were made to meet people's individual needs for example one person required a gluten free diet and this was provided.
- We observed mealtimes were a social and relaxed occasion. People chatted to each other and staff, within pleasant and spacious areas. We spoke to one care worker who ate their meal alongside a person who lived at the home. They told us this level of interaction had increased the person's motivation to eat a good diet.
- People's weights were regularly recorded, and action taken including referral to a dietician or fortifying food if people lost weight. Some food and fluid charts needed to be completed in a more thorough way to provide accurate information.

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

- People's needs were assessed before they moved into the home.
- The information gathered during the assessment was used to develop care plans and risk assessments. People's care plans described the support required and were up to date.
- Staff said care plans were updated and changes communicated at handover. They said this supported them to care for people effectively.

Staff support: induction, training, skills and experience

- Staff we spoke with were knowledgeable and skilled. They told us they received a range of face to face training. New staff received a comprehensive induction including shadow shifts.
- We reviewed the training matrix for the service which showed mandatory training was up to date or planned. Staff were supported to undertake additional training and qualifications.
- The management team demonstrated commitment to ongoing development opportunities.
- Staff received regular supervision and appraisal. This included focussed one to one discussion on a variety of topics including pressure care and nutrition.

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

- People and relatives said people's health needs were met. One person said, "I get the right help when I need it."
- People's care plans contained information about their health needs. People had access to a range of health professionals and we saw their advice was recorded to aid staff provide appropriate care. We saw evidence the service had contacted services including the mental health team, district nurses and dieticians appropriately.
- The home was part of the red bag pathway. This meant people who needed admission to hospital had all the relevant information with them to provide appropriate care and treatment.
- Activities offered within the home promoted gentle physical exercise. This included regular community outings, interactive music sessions, chair exercises and table-tennis.
- We spoke with a health care professional who described staff as "very attentive." They confirmed staff responded promptly to changes in people's health needs.

Ensuring 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 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.

- The service was acting within the legal framework of the MCA.
- Care records showed people's consent had been sought for their care and support arrangements. Where the service suspected people lacked capacity, capacity assessments and best interest processes had been followed. When required the service had made appropriate DoLS applications to the local authority.
- We observed people were asked for consent on a routine basis before any care and support intervention.

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives spoke positively about the staff. One relative said, "Staff are absolutely amazing. They go above and beyond my expectation."
- Staff promoted a positive and inclusive culture. They spoke enthusiastically about their roles and were dedicated and caring. They knew people's history and preferences and used this knowledge to support them in the way they wanted.
- We saw staff taking time to sit with people and provide companionship. It was clear people and staff knew each other well and enjoyed each other's company. There was a relaxed and inclusive atmosphere with people and staff getting on well together.
- We saw evidence of adjustments being made to ensure people were not discriminated against. This included ensuring activities were provided to all, including those who could not join in group activities. We observed a care worker supporting a person who was rocking a baby doll. They spent time talking about their history and children and the person responded by smiling and appeared relaxed and contented.

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

- People said they felt involved in their care. One person said, "I make my own decisions. If I wanted to change the way I am looked after I would discuss it with staff."
- Staff had formed good relationships with people. They supported people to make decisions about their care and were able to give positive examples on how they did this daily.
- Residents meetings were held regularly, and we saw people's views were acted upon. One person said, "The meeting was very good this morning. I was able to say what I thought."
- We saw the service respected people's views. For example, one person did not want to attend the residents meeting, so the registered manager ensured they were able to provide their views on the items discussed including a proposed new menu.
- Where people did not have relatives, advocates were involved.

Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the support they received. One person said, "On one occasion I was poorly in the night. Staff came to help me and were so kind and preserved my dignity. They were extremely caring."
- Staff were conscious of maintaining people's privacy and dignity when helping them to mobilise, knocking on doors before entering and having personal conversations discretely.
- We saw people had been supported to personalise their walking frames. This meant they were easily identifiable, and we were told this had improved people's well-being, safety and independence.

- Staff were allocated to set areas of the building to help ensure people were cared for by familiar faces. The staff we spoke with said this was beneficial both to them and people who used the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives said person centred care was provided at the service.
- People received personalised care that met their individual needs. Care plans were clear, person centred and demonstrated people's needs had been fully assessed. We saw evidence care plans were regularly created and updated as people's care needs changed. For example, wound care plans were put in place if people developed wounds to help the service be more responsive.
- Mechanisms were in place to ensure the service was responsive. For example, handover meetings took place twice a day and a "huddle" meeting each day where departmental leads met to discuss operational matters.
- We saw staff checking with people to ensure they had enough toiletries including pampering products and whether they wanted any additional snacks such as sweets.

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.

- The service identified people's communication needs by assessing them.
- People's care plans had information to support staff to communicate with people with a hearing or a sight impairment. Staff used a range of methods to support effective communication including symbols, an iPad and a communication board.

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

- People had access to a wide range of activities. The home employed well-being coordinators and provided people with a choice of varied and person-centred activities and social opportunities. There were regular trips out into the community and one to one activities took place to avoid social isolation.
- People were able to follow their faith and there were regular visits from local ministers.
- The home had a spacious coffee shop in the foyer. This was open to the public. We saw people and relatives using the area to socialise and have refreshments.
- Visitors to the home were made to feel welcome. There was a vibrant atmosphere in the home and despite the number of visitors the ambience was calm.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints and concerns. The information was used to understand how they could improve or where they were doing well. Posters were positioned in key parts of the home including photographs of who people could complain to.
- People told us they knew how to complain and would feel comfortable talking to staff or the registered manager if they had any concerns. One relative said they had recently raised a concern. They said, "The response was good, and we had a meeting. The issue is in the process of being sorted out. We are happy with the way it is going so far."

End of life care and support

- People's end of life care needs were assessed and end of life care plans were in place.
- The registered manager was passionate about ensuring people received high quality support.
- A thank you card stated, 'Thanks to all the staff at Mayfield View for the wonderful end of life given to [person] at this distressing time. You have all helped to create many happy memories.'

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well run and organised. There were a range of support staff available in areas such as training, clinical skills and estates to provide support to the home. Their roles within the home were clearly defined.
- We saw there were comprehensive audits of all aspects of the service. Information was collated into an overall action plan and we saw issues were addressed promptly.
- The registered manager understood their role and legal responsibilities. They were open and honest with us about the service, issues which had taken place and the action that was being taken to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was generally positive about the registered manager. One relative said, "[Registered manager] is excellent and hands on." Another relative said, "I think [registered manager] has come in at a difficult time but is having an impact. This is a class above other homes I have visited."
- Staff said they were happy working at the service. They said it had improved considerably over the last few months since the registered manager had been in place who was bringing stability and organisation to the service and support for them.
- Staff praised the registered manager and said they were approachable. Comments included, "[Registered manager's] door is always open, you never feel like you are intruding" and "[Registered manager] is very hands on and supportive."
- The registered manager was passionate about fostering team work which made people feel valued and empowered.
- The home was part of a group called the Rainbow Alliance. The focus of the group was to support and promote any issues relating to people from the LGBT community.

Continuous learning and improving care; Working in partnership with others

- Meetings were held regularly for staff and people. The service also worked closely with relatives in fostering positive and warm relationships. We observed friendly and open interactions between staff and residents. One relative said, "It's improving all the time."
- Staff felt appreciated and involved in the day to day to running of the home. The provider had an App

which kept staff up to date with company news and recognised good practise. We saw that staff welfare and support was made a priority.

- The registered manager was committed to working in partnership with others and developing links in the locality. This included links with the health and social care teams, local schools, a dementia support group and a local children's charity.