

Mayfair Residential Home Limited

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Inspection report

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04 June 2021

10 June 2021

14 June 2021

17 June 2021

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30 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mayfair Residential Home Limited, (Mayfair) is a residential care home providing personal and care to older people. At the time of the inspection, 29 people were receiving regulated activities at the home. The service can support up to 45 people. The home is an adapted building with two lounge areas and a dining room on the ground floor. Bedrooms are based over three floors. There are no ground floor bedrooms at the home.

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

People were not always safe. People were not safe in the event of a fire or a fire alarm sounding at Mayfair Residential Home Limited. Risk was not always appropriately identified, assessed and managed in a timely manner. At the beginning of the inspection we identified substantial and widespread failings in respect of fire safety arrangements and in the leadership and governance of the service to prevent, identify or address these shortfalls. In addition, not all staff had been trained in fire safety and had not received instruction or had experience of using equipment which was central to fire evacuation processes. Health and Safety guidance developed to keep people safe had not been consistently considered and implemented within the home to keep people safe.

Governance systems within the home were not always robust and had failed to identify all the key concerns regarding safety that we picked up at inspection. Oversight within the home was inconsistent and this had resulted in people being exposed to the risk of harm. Risk assessments designed to promote safety throughout the service were not always followed. The organisation's health and safety policy had not always been followed and implemented. Audits had not been effective and had failed to identify the significant failings identified during the inspection. Paperwork was not always accurate, up to date and complete.

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

Rating at last inspection

The last rating for this service was good (published 24 December 2018).

Why we inspected

The inspection was prompted in part due to concerns received from the Fire and Rescue Service about fire safety within the home. A decision was made for us to inspect and examine those risks. Whilst reviewing fire safety within the home we identified additional concerns regarding staff training and governance within the service. As a result, we carried out a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

The registered provider has been responsive to concerns noted during the inspection and has started to take action to make improvements and promote safety within the home.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Mayfair Residential Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to management of risk, deployment of staffing and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Inadequate ●

The service was not safe.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Mayfair Residential Home Limited

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

On the first day of the inspection, two inspection managers visited the home to carry out the inspection. On the second day an inspection manager visited the home. On days three, four and five an inspector and inspection manager returned to complete the inspection.

Service and service type

Mayfair Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The first day of the inspection was announced shortly before we visited the home. The visits on day two, three, four and five were unannounced.

What we did before the inspection

We looked at what information we had received about the service since it was registered with the Care Quality Commission. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider and safeguarding concerns reported to the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information shared with us by local authority commissioning and safeguarding teams and the fire and rescue service. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home and two relatives about their experience of the care provided. We spoke with the registered manager, a director of care, the care manager, the training and human resources manager, two members of the domestic team, one kitchen assistant and nine members of staff responsible for providing care.

We liaised with the fire and rescue team who were assessing fire safety within the home. In addition, we carried out a visual inspection of the home to review the environment and to check the equipment used within the home. We did this to check the living environment was safe and suitably maintained. In addition, we observed staff interactions with people.

We reviewed a range of records. This included four people's care records, multiple medication administration records and people's personal evacuation plans (PEEP's). We looked at three staff records to ensure suitable checks were in place. In addition, we reviewed multiple records related to the management of the service, including audits and policies and procedures.

After the inspection

Following the inspection, we continued to speak with the registered manager and director to corroborate our findings. We looked at audits, staff training records and other documents gathered at the inspection visit.

We liaised with the fire and rescue service, local authority safeguarding and contracts and commissioning teams to share our findings and raise concerns identified during the inspection process.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Environmental and naturally occurring risk was not always suitably monitored and addressed.
- Whilst carrying out a visual inspection of the home, we saw that good practice guidance had not been considered and implemented to prevent the risk of people falling from height. 72 windows in the building did not meet health and safety guidance to prevent people being exposed to falls from height.
- In addition, risks from contractors on site was not suitably monitored, addressed and mitigated. Contractors' equipment was not always stored securely, and rooms used for storage were not always locked.
- On the first day of the inspection, we were made aware that during refurbishment works, at least nine fire doors had been removed from their casings. In addition, ongoing maintenance of the building had resulted in holes in floors and ceilings which had not been addressed. This had resulted in multiple breaches of compartmentation. Compartmentation within buildings prevents the spread of fire, smoke and toxic gases and divides buildings into manageable areas of risk. In addition, it provides adequate means of escape enabling time for people to safely evacuate the home.
- Due to compartmentation being breached, the fire evacuation plan for the home was no longer adequate and sufficient. This meant that in the event of a fire all people needed to be evacuated from the building down external fire escapes. Not all the people who lived at the home could mobilise without assistance and would require equipment to evacuate. Whilst equipment was available to support people to evacuate, we were not fully assured this had been considered and risk assessed to ensure people could be safely evacuated. The fire risk assessment had not been reviewed and updated to take into consideration the breaches to compartmentation.

We found no evidence that people had been harmed however, risk was not always identified and acted upon in a timely manner. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the first day of inspection and subsequent visits, we saw evidence of the registered provider acting and responding to risk. Action was taken to reduce the risk within the building. Fire doors were replaced. The registered provider confirmed plans were in place to ensure all fire doors would be assessed by a competent person. Maintenance within the building was ongoing to make the home compliant with fire regulations.
- Following the inspection, we received confirmation that the fitting of window restrictors had started to take place and was being treated as a priority.
- We looked at evacuation processes and staff training to ensure staff had the appropriate skills to support people in the event of an emergency. On the first day of inspection, we reviewed staff training records and

saw not all staff had the required skills and training to prepare them in event of a fire.

- Records maintained by the provider demonstrated that seventeen staff had not received fire safety awareness training and three staff had not had any fire training at all.
- In order to evacuate people from the building, Personal Emergency Evacuation Plans (PEEP's) stated that at least 21 people were to be evacuated from the building using a fire evacuation chair. Fire evacuation training had started on 22 February 2021, but on our first day of inspection, 11 staff had still not received any training as to how to use the evacuation chair. In addition, no members of staff had been offered any practical opportunities to try the chair and when asked, no one was able to offer us assurances that they could use the equipment competently.
- On the first day of inspection, we asked staff if they would feel confident in dealing with a fire. Two staff told us they wouldn't feel confident if a fire broke out in the home.
- Six members of staff had been identified as fire marshalls. These staff were responsible for leading the evacuation process within the home. Three of six fire marshalls had not received any training how to use the evacuation chair.
- We spoke to staff who did not provide personal care. They confirmed that in the event of an emergency they would be expected to support in evacuating people who lived at the home. They told us they had not received any moving and handling training and would not know how to safely move someone in the event of an emergency.
- The fire risk assessment in place made reference to staff using fire extinguishers to tackle small fires. The registered manager confirmed staff had not received any up to date training to provide them with the necessary skills to use a fire extinguisher to tackle small fires.

We found no evidence that people had been harmed however, the registered provider had failed to ensure staff providing care to people had the correct skills, experience and competence to do so safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We escalated these concerns to the registered provider so they could take immediate action. They started an intense programme of training to ensure all staff received appropriate training.
- In addition, we escalated these concerns to the local authority and clinical commissioning group, so they were aware of the seriousness of the identified concerns.
- Following the inspection, the registered provider confirmed that all staff had since received evacuation chair training. Additionally, we saw evidence that fire extinguisher training for staff had commenced and only six remaining staff were awaiting training.

Preventing and controlling infection

- Infection control principles were sometimes considered and applied within the home.
- We were assured that the provider was accessing testing for people using the service and staff. However, during the inspection we noted a person not employed or using the service was living on site. This person had not been included in the testing regime. We highlighted this to the registered provider who took immediate action and included them in the weekly testing programme.
- We were sometimes assured that the provider was using PPE effectively and safely. We observed care staff using PPE effectively, however noted there were sometimes when members of the management team were noted not wearing appropriate PPE. We highlighted the importance of all people within the home wearing PPE at all times.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We recommend the registered provider reviews processes to ensure infection control processes are consistently embedded throughout the home.

Using medicines safely

- Medicines were sometimes managed safely and in line with good practice guidance. People confirmed they received their medicines as directed.
- We were not fully assured however that medicines were always stored safely in line with the medicines policy. During the inspection, we saw that prescribed thickeners and oxygen were not always stored in line with good practice. In addition, a fridge used to store medicines had shown on a number of occasions to have a higher than recommended temperature. This can affect the reliability and efficacy of medicines.

We recommend the registered provider reviews processes for medicines storage to ensure these are consistently implemented in line with the organisations medicines policy.

- Following the inspection, the registered manager provided us with assurances that storage of medicines and oxygen had been considered and new systems and processes were being implemented.

Staffing and recruitment

- We received mixed feedback about staffing levels within the home. Although one person told us staffing levels were okay and staff came quickly when they pressed their buzzer, several staff said staffing levels in the morning were sometimes low.
- We saw these concerns had been addressed in a team meeting and action was being taken to address this. The provider confirmed they were currently recruiting new staff into the team and staff had been given walkie-talkies to communicate with each other and summon help.
- We spoke with the provider to understand how they calculated staffing levels within the home. They confirmed they worked on a ratio of people to staff and did not use an evidence-based staffing calculator. We discussed the merits of using an evidenced based staffing calculator to ensure staffing levels consistently met the needs of people living at the home.

We recommend the registered provider reviews good practice guidance in relation to planning and implementing staffing levels within the home.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. The registered provider had a system for responding and reporting abuse.
- Staff told us they had received safeguarding training and were aware of the importance of reporting abuse and harassment.

Learning lessons when things go wrong

- The registered manager had a system to review all accidents and incidents so that lessons could be

learned. This included looking at all falls for trends and themes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of safe care and treatment.

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

- The registered provider did not always understand risk and regulatory requirements. Organisational policies and procedures and government guidance were not consistently followed to keep people safe and deliver high quality care. During the inspection visit, we found the organisations health and safety policy had not been followed in relation to fire evacuation, the safe use of bed rails and the storage of oxygen. In addition, good practice guidance had not been followed in relation to falls from height. Guidance had not been consistently followed in relation to COVID-19 and the medicines policy was not always followed.
- Documentation was not always complete, accurate and up to date. On the first day of inspection, not all PEEP's were completed, accurate and up to date for all people who lived at the home. We highlighted an anomaly in one person's PEEP, but this was still not updated by the last day of our inspection visit. In addition, we saw that records in relation to fridge temperature checks were not always completed and there were noted errors in recording where people had their transdermal patch located on their body.
- We were not provided with assurances that auditing systems within the service were consistently implemented and effective. For example, the multiple concerns related to lack of safety processes within the home had not been picked up during any audits.

We found no evidence that people had been harmed however, systems were either not in place, followed or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection visits, the registered provider confirmed they were working with the company who supported them with their governance documents to ensure all areas of concern were rectified. They told us they were committed to making the improvements to ensuring they continued to provide a high-quality service within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- During the inspection visit, we saw positive and caring interactions between staff and people who lived at the home. People told us they were happy with the care and confirmed they received person-centred care.

Relatives confirmed that they were happy with the care provided to their family members.

- The registered provider was open and honest and was committed to working in partnership with other agencies to make the required improvements to make the home safe once again. They provided us with assurances that immediate improvements would be made within the service.
- We saw some evidence of partnership working with other health and social care to meet people's needs.

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

- People were involved in how the service was managed. Relatives told us they had regular communication with the home. We saw evidence of regular engagement between the management team and people who lived at the home.
- All staff we spoke with told us they felt listened to and were supported by the senior management team. They said teamwork was strong and the home was a good place to work.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure care and treatment was provided in a safe way for service users. They had failed to assess all risks to the health and safety of service users of receiving the care or treatment and had failed to do all that was reasonably practicable to mitigate any such risks;</p> <p>12 (1) (2) (a) (b)</p> <p>The registered provider had failed to ensure that persons providing care or treatment to service users had the competence, skills and experience to do so safely;</p> <p>12 (1) (2) (c)</p> <p>The registered provider had failed to ensure that the premises used were safe to use for their intended purpose.</p> <p>12 (1) (2) (d)</p>

The enforcement action we took:

Using section 29 powers we issued a warning notice against the provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure systems or processes were established and operated effectively to ensure compliance with the regulations.</p>

The registered provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

The registered provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

The registered provider had failed to maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity;

17 (1) (2) (a) (b) (c) (d)

The enforcement action we took:

Using section 29 powers we issued a warning notice against the provider