

The Paddocks Care Home Ltd

The Mayfields Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 13 May 2015 and was unannounced. The Mayfields Care Home is a residential care home providing personal and nursing care and support for up to 60 older people, some of whom may live with dementia. On the day of our visit 52 people were living at the service.

The home had a manager who has been in post since January 2015. The manager had submitted an application to us to become the registered manager. 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.

People felt safe living at the home and staff supported them in a way that they liked. Staff were aware of safeguarding people from abuse and they knew how to report concerns to the relevant agencies.

Summary of findings

Individual risks to people were assessed by staff and reduced or removed. There was adequate servicing and maintenance checks to equipment and systems in the home to ensure people's safety.

There had been an increase to the number of staff members available and there were enough staff available to meet people's needs.

Medicines were safely stored and administered, and staff members who administered medicines had been trained to do so.

Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Where they had not received training, they were given enough guidance and information to properly care for people. Staff received support from the manager, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The manager had acted on the requirements of the safeguards to ensure that people were protected.

Staff members understood the MCA and presumed people had the capacity to make decisions first. Where

someone lacked capacity, best interests decisions were available. Further information was needed for some people about who else could make the decision or how to support the person to be able to make the decision.

People enjoyed their meals and were given choices about what they ate. Drinks were readily available to ensure people were hydrated. Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. People's needs were responded to well and care tasks were carried out thoroughly by staff. Care plans contained enough information to support individual people with their needs. Records that supported the care given were completed properly.

A complaints procedure was available and people were happy that they did not need to make a complaint. The manager was supportive and approachable, and people or their relatives could speak with her at any time.

The home monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible.

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 safe.

People were supported by enough staff to meet their needs and to keep them safe.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely stored and administered to people.

Good



Is the service effective?

The service was effective.

Staff members received enough training to do the job required.

The manager had acted on recent updated guidance of the Deprivation of Liberty Safeguards and staff had access to mental capacity assessments or best interests decisions for people who could not make decisions for themselves.

The home worked with health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Good



Is the service caring?

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good



Is the service responsive?

The service was responsive.

People had their individual care needs properly planned for and staff responded quickly when people's needs changed.

People were given the opportunity to complain and these were investigated and responded to.

Good



Is the service well-led?

The service was well led.

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions had been identified and addressed these issues.

Good



Summary of findings

Staff members and the manager worked with each other, visitors and people living at the home to ensure it was run in the way people wanted.

The Mayfields Care 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 was planned to check 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 13 May 2015 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection, we checked the information that we held about the service and the service provider. For

example, notifications, which the provider is legally required to tell us about, advised us of any deaths, significant incidents and changes or events which had taken place within the service provided.

During our inspection we spoke with eight people who used the service and six visitors. We also spoke with 12 staff members, including care and housekeeping staff, the manager and the provider's representatives. 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 completed general observations and reviewed records. These included five people's care records, staff training records, 12 medication records and records relating to audit and quality monitoring processes.

Is the service safe?

Our findings

We received information before this inspection raising concerns about low staffing levels. At this inspection we found that there were enough staff members on duty. There were mixed opinions from people living at the home regarding whether there were enough staff. Some people felt that they had to sometimes wait for help, while others felt that staff were easily available to help them. Visitors told us that they thought there were usually enough staff available, with one visitor saying, “There seems to be enough staff around. Occasionally the girls seem very busy but everyone gets the help they need”.

The manager confirmed that new staff members had been recruited to increase existing levels and the recruitment drive was continuing. The staff we spoke with told us that staffing levels had improved recently and there were enough staff to meet people’s needs, although there were times when they were busier. They told us they were usually able to cover staff absence but that regular agency staff were used if required. We observed this on the day of our inspection; staff members were not rushed in their care practice and call bells did not ring for extended periods of time. A rota was produced detailing how many staff were needed to provide care and we found that the number of staff required was the same as the number of staff on duty.

People told us that they felt safe living at the home and would know who to contact if they were worried. One person told us that staff members made sure they were safe if other people became upset and a visitor said that they were reassured enough about the care their relative received that they could go away knowing the person was safe.

The provider had taken appropriate steps to make sure the risk of abuse was reduced. Staff members we spoke with understood what abuse was and how they should report any concerns that they had. There was a clear reporting structure with the manager responsible for safeguarding referrals, which staff members were aware of. They told us that they would also report concerns immediately to the local authority safeguarding team if needed and had these contact details available in the staff room. Staff members had received training in safeguarding people and records we examined confirmed this.

The provider had reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as is required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

We saw during our visit that some people who lived in the home displayed behaviour that might upset others. Staff members were able to describe the circumstances that may trigger this behaviour and what steps they would take to keep other people within the service safe. We looked at the care plans for two people regarding this and saw that the information staff members had told us matched what was written in their care plans. This meant that any staff members who were not familiar with a person’s needs would have information to help them care and support that person appropriately. One person’s relative told us, “The staff are excellent when people become upset and angry. They know just how to calm them”.

Risks to people’s safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as; malnutrition, behaviour, medicine management, moving and handling, and evacuation from the building in the event of an emergency. Each assessment had clear guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed. We observed one person being moved using a hoist. The procedure was carried out safely with two staff members as described in the person’s assessment.

Servicing and maintenance checks for equipment and systems around the home were carried out. Staff members confirmed that systems, such as for fire safety, were regularly checked and we read records to support that this was completed. They told us that they had received training for specific equipment, such as the different types of hoists used at the home, to ensure they would be able to keep people safe when moving them.

New staff members told us that the required checks had been obtained by the provider before they started work at the home, to make sure that the staff were of good character and safe to work with people. They told us that they completed one week of theory training and shadowed a senior staff member for three days before being able to provide care to people.

Is the service safe?

We found that the arrangements for the management of medicines were safe. People told us that they received their medicines and that staff never forgot to give them. One person said, “I get my medication. The staff make sure of that”. Medicines were stored safely and securely in locked trolleys and storage cupboards, in a locked room. The temperature that medicines were stored at was recorded each day to make sure that it was at an acceptable level to keep the medicines fit for use.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their

medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an ‘as required’ or limited or reducing dose basis, we found detailed guidance for staff on the circumstances these medicines were to be used.

We observed two members of staff giving out medicines at lunchtime. This was done correctly and in line with current guidance which is in place to make sure that people are given their medicines safely. Staff members persevered when giving people their medicines was difficult, such as if the person had difficulty in taking their medicine or if they initially refused. We could therefore be assured that people would be given medicines in a safe way to meet their needs.

Is the service effective?

Our findings

We received information before this inspection regarding concerns that staff members were not trained in dementia care. During this inspection we found that staff had received training to properly carry out their roles.

The staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the service. One staff member told us, “The training we get is good. We can request more training if we feel it will be useful. Such as if we are caring for a person who is epileptic”. However, staff also commented that they had not received training in managing behaviour that may upset others. We observed staff members in their work and found that they were consistently tactful, patient and effective in reducing people’s anxiety, behaviour that may upset others or in delivering care. They also told us that they were supported by the provider to undertake national qualifications in care. We checked their training records and saw that they had received training in a variety of different subjects including; infection control, manual handling, safeguarding adults, first aid, and dementia care. Most staff members had gained a national qualification, such as a National Vocational Qualification or a Diploma, at level two or three.

Staff told us that they had supervision meetings with their line manager or a more senior staff member in which they could raise any issues they had and where their performance was discussed. They also told us that these were helpful and supportive. They told us that team meetings were held regularly and that they felt listened to and included in discussions about any changes to the way care was provided.

The manager provided us with an explanation of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions for as long as possible. The quality of responses we received from staff members were good with staff being clear about what the MCA meant. Staff members told us that they had received training in this area. We saw evidence of these principles being applied during our inspection. All staff were seen supporting people to make decisions and asking for their consent. One person told us that staff members always asked their consent before helping them.

We saw that care records for some people noted that they lacked capacity in some areas, such as managing their own medicines. Mental capacity assessments had been completed to determine which decisions people were not able to make for themselves. Best interests decisions had been completed, although not all of these included enough information to show the least restrictive course of action or who should make particular decisions on behalf of the person. The informal nature of these decisions meant that there was insufficient guidance for staff members if people continually declined help and what they should do in the person’s best interests.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and managers were aware of DoLS and what authorisation they needed to apply for if they had to deprive someone of their liberty. The manager was aware of changes following recent clarification of the DoLS legislation. In response to this, DoLS applications had been completed for those people most at risk.

People were provided with a choice of nutritious food. We observed people enjoying the food that they ate. One person told us their meal was, “Lovely”, while another person said, “Yes I like the food and get lots to drink. All day long”. Staff offered people food that they liked and prompted them to eat and drink when necessary. We were told by one person that, “The food is good and we only have to ask if we want anything”. Records showed that where the service had been concerned about people who had lost weight, they had been referred for specialist advice. Some people had been provided with a more specialised diet, such as a puree diet as a result of this advice. The amount of food and drink being consumed by these people was being recorded to ensure they received as much food as they needed to maintain or increase their low weights. We saw that one person’s food chart had gaps where nothing had been recorded. This had been followed up by the manager and staff members had been reminded of the need to accurately complete the charts.

We also saw that staff members adapted their support to each person. People were able to eat at their own pace and move to or remain wherever they wanted to eat. Staff members sat with people who needed help and encouraged people to eat independently if they were able.

There was information within people’s care records about their individual health needs and what staff needed to do

Is the service effective?

to support people to maintain good health. People saw specialist healthcare professionals when they needed to. One person was seeing a physiotherapist and specialist nurse regularly to help with their movement. Other

people's records showed that they had their care needs reviewed by a range of health care professionals, including the local GP, district nurse, dietician, speech and language therapist, and optician.

Is the service caring?

Our findings

All of the people we spoke with were happy with the staff members and the care that they received. One person said, “Nice place. Look after me and make me happy. They [staff] care about me. Help me”. Other people said, “They [staff] cannot take enough care and I get all the attention I need” and “Staff are kind, helpful and will do anything for you”. All of the visitors that we spoke with told us that the staff were kind, caring and compassionate. They all said that staff did as much as possible in caring for their relatives. One visitor said, “The staff here are kind and compassionate and know what they are doing”.

During our inspection we heard and observed lots of laughter and people looked happy and contented. They looked well cared for and were relaxed with the staff who were supporting them. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. We also watched staff members playing a variety of games with people, which they thoroughly enjoyed. Music was playing and staff members sang along with songs they were familiar with, which some people joined in with. We saw that even where some people appeared to be sleeping or withdrawn from the activity around them, they were tapping their feet to the music. One person’s visitor described the home as, “There is a happy attitude and atmosphere here. Very relaxed”.

All of the staff were polite and respectful when they talked to people. They made good eye contact with the person and crouched down to speak to them at their level so not to intimidate them. We observed staff communicating with people well. They understood the requests of people who found it difficult to verbally communicate. When asked, staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these. One person’s visitor told us, “The staff are polite, kind and respectful and treat everyone as friends”.

We observed staff respecting people’s dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and they knocked on people’s doors before entering their rooms.

There was information in relation to the people’s individual life history, likes, dislikes and preferences. Staff were able to demonstrate a good knowledge of people’s individual preferences. For example, we saw that it was documented that one person found it difficult to accept help from staff members. We saw this person being helped to eat their lunchtime meal and to take their medicines but staff members made sure that the person carried out as much of the activity for themselves as possible, even though this was difficult for them. From our conversations with staff it was clear that they regarded each person who lived at the service in a very positive, meaningful and individual way. One staff member told us, “We are encouraged to treat the people living here as individuals. We get to know the person and how they like to be cared for”.

People were encouraged to be part of the community. Some people attended the church service that regularly visited the home. Another person told us how they were able to continue visiting local shops for coffee and meals.

Staff involved people in their care. We observed them asking people what they wanted to do during the day and asking them for their consent. One staff member asked, “Do you want to go to your room?” to which the person declined and this was followed by, “Where would you like to go”. People were given choices about what to eat, drink and where to spend their time within the home. One person told us, “I can choose when I have a bath and how often”. From our observations it was clear that people were consulted about their care at all times. There was information in care records about people’s lives, their likes, dislikes and preferences.

Visitors told us that they were involved in their relatives care. A person said, “They [staff] let my relative know if I am unwell”. One visitor told us that they were invited to take part in the review of their relative’s care. Another visitor told us that all staff members came into their relative’s room for a chat and to update them on any changes. They said that they appreciated this. While another person’s visitor told us, “I trust the staff to care for [person] and communication is very good”.

Is the service responsive?

Our findings

We received information before this inspection of concerns about the care that people received and that complaints were not responded to. During this inspection we found that people were well cared for and that complaints had been investigated and responded to.

People told us that staff members took care of them well and that they received the care they needed. All of the comments from people and their visitors were positive. One person said, “They [staff] cannot take enough care and I get all the attention I need”, while another person told us, “Yes, the staff are kind and help me when I forget things”. A visitor told us, “This is an exceptional home. The staff do all they can to make sure the people living here get all the care and attention they need”. People told us that they were usually occupied during the day. One person said, “I do things I like to do, such as sing”, although another person told us, “We do have things to do here but sometimes I am bored”.

The care and support plans that we checked showed that the service had conducted a full assessment of people’s individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, medicines management, communication, nutrition and with mobility needs. There was information that detailed what was important to that person, their daily routine and what activities they enjoyed. Staff members told us that care plans were a good resource in terms of giving enough information to help provide care.

We observed that staff were responsive to people’s needs. They provided people with drinks when they indicated that they were thirsty, food when it was requested and provided personal care in a timely manner. One person’s visitor told us, “My relative was admitted here from hospital with bed sores and after a very short time they have cleared up. Wonderful, hospital said they never would heal”. We found records that detailed how people had been cared for. For example, repositioning charts, were completed and showed that care had been provided at the intervals required. We saw that people received personal care when

this was needed and that if help with this was initially declined, that assistance continued to be offered by different staff and at intervals to ensure the person had the opportunity to change their mind.

People had access to a number of activities and interests organised by a designated staff member. These included events and entertainment, visiting local community resources in small groups, or time with people on an individual basis. The staff member told us that although a programme was available, activities were flexible, depending on how people were feeling and what they wanted to do. The manager told us that the home continued to look for an additional staff member to work in this area.

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people regularly saw friends and relatives. One relative told us that they visited nearly every day to keep their wife company and were always welcomed by staff.

People living in the home and the relatives we spoke with told us the manager and staff were approachable, listened to their concerns and tried to resolve them. They told us that they had no complaints and knew who to speak with if they had.

Staff members told us that information was available for people if they wanted to make a complaint. They felt that visitors knew how to raise concerns and complaints and that they would either speak with a staff member or the manager. One staff member provided an example of how a visitor’s concerns had been dealt with and the actions that had been taken to resolve this. Another staff member told us that complaints were immediately dealt with and the issue was discussed during staff handover so that it did not happen again.

A copy of the home’s complaint procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. However, there were limited details about other organisations to contact if a complaint had not been resolved. The service had received two complaints within the past 12 months. We were already aware of these complaints and the investigations and actions taken around these. We saw that actions had been taken to resolve both of these complaints and that one person had

Is the service responsive?

been written to in response to this. The manager confirmed that the other complaint was still ongoing. We were satisfied that people's complaints were dealt with appropriately.

Is the service well-led?

Our findings

The home has had no registered manager in post since January 2015. The new manager had started in the position of deputy manager in October 2014 and had moved to the manager position in January 2015. They confirmed that they had submitted an application to register with the Care Quality Commission. This application was being considered at the time of this inspection.

People told us that they were happy living at the home and their visitors also expressed that they were glad their relatives lived at the home. One person told us, "This is a nice place with lovely staff who make sure I am where I should be" and another person said, "This is a happy home". People and their visitors told us that they would recommend the home to other people. They told us that there were regular meetings for them and their relatives and that they had been asked for their views on the running of the home. This kept them up to date with proposed changes and one visitor told us, "I have attended a residents meeting and we were asked to give our views. Lots of new ideas were discussed".

During our observations, it was clear that the people who lived at the service knew who the manager was and all of the staff who were supporting them. People and visitors we spoke with told us that the service was well led, they spoke often with the manager and they were happy that staff members and the manager were approachable and that they could speak with them at any time. They felt that staff members were a happy and friendly group who got on well.

Staff spoke highly of the support provided by the whole staff team. One staff member told us, "Love this home. Brilliant staff who all work well together. Very committed staff". The home was made up of two floors. Staff told us they worked well as a team in their respective areas and supported each other. One person told us that staff members all got along with each other and that they never heard any disagreement amongst the staff. Staff members knew what they were accountable for and how to carry out their role. They told us the manager was very approachable and that they could rely on any of the staff team for support or advice.

Staff said that they were kept informed about matters that affected the service through supervisions, team meetings and talking to the manager regularly. They told us about staff meetings they attended and that the manager fed back information to staff who did not attend the meetings during daily handover periods. One staff member told us that they had a discussion meeting when things went wrong or issues occurred, another staff member told us, "We have regular supervision and team meetings and we can speak freely and raise our concerns". This ensured that staff knew what was expected of them and felt supported.

Staff members told us that the manager had an open door policy, was visible around the home and very approachable. We observed this during our inspection when the manager visited each area in the home. People knew who she was and why she was there. Staff members told us that they could talk to the manager and she would sort things out. Two comments from staff members that stood out were, "Communication is good here and the management team keep us up to date on the changes they are planning. They ask our opinions at staff meetings. Yes, I do feel included and consulted" and, "This is a nice place to work. We are listened to and given respect from the management team". They also told us that the manager noticed when staff members were not working effectively and action was taken to improve the situation. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

The manager completed audits that fed into the organisation's quality monitoring report. For example, we found that people's care records were regularly audited to ensure they had been completed correctly by staff and contained accurate and up to date information about people's needs. The provider had established a reporting system for accidents and incidents that compiled the information entered, looking at common themes or trends for such areas as times and locations where falls had occurred. Staff members told us that learning from incidents was carried out during handover when they were able to discuss what had happened and what needed to change to improve the situation. We saw records that confirmed these meetings took place and that staff members were involved in the improvement process.