

Mayfield Residential Care Ltd

Mayfield Residential 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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mayfield Residential Home provides personal care and accommodation for up to 29 older people. There were 23 people living at the home at the time of the inspection, some of whom had a dementia related condition.

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

People spoke positively about the home. One person told us, "I'm completely settled in, the staff, everyone, have been delightful."

People said they felt safe. There were systems and procedures in place to help protect people from the risk of abuse.

Checks were carried out to make sure the building and equipment were safe. We identified several recording shortfalls relating to these checks which the registered manager addressed. The environment had been fully redecorated and refurbished and met people's needs.

There were sufficient staff deployed to meet people's needs. We spoke with the registered manager about night staff cleaning the kitchen. We considered that this task could take them away from their caring duties and increase the risk of cross infection. Following our inspection, night staff no longer carried out this task. The home was clean and free from malodours.

Medicines were managed safely. Night time medicines were administered by day staff. An on call system was in place should people require any medicines through the night. We did not identify any impact upon people with this current practice. However, we discussed with the registered manager about the provision of medicines training for night staff so they were able to administer medicines through the night without any delay. The registered manager told us that training would be organised.

People were supported by staff who were trained to meet their needs. People were complimentary about the meals and the assistance provided.

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.

People had a care plan which guided staff on how to deliver person centred care. People's social needs were met. There was an activities programme in place.

During and following our inspection, several staff raised concerns about the management of the home which they said affected staff morale. We passed these to the nominated individual and registered manager

for their attention. We have made a recommendation that the provider monitors the culture at the service.

A range of audits were carried out. During our inspection, we identified several shortfalls in areas relating to infection control practices, premises checks and mental capacity assessments. We did not identify any impact upon people and action was taken to address these issues. However, the provider's quality monitoring system had not identified these issues.

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 requires improvement (published 27 July 2018). Although we did not identify any breaches of the regulations; we highlighted areas where improvements were required. These included, the environment, pressure area care, medicines, care plans and staff awareness of policies and procedures. At this inspection we found that action had been taken to address these issues.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Mayfield Residential 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 inspection was carried out by one inspector 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.

Service and service type

Mayfield Residential Home 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 the registered manager, the head of care, two senior care workers, five care workers including

night staff, the administrator, the chef, a best interests assessor from the local authority, five people, four relatives and two people's friends.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and records relating to training. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence found. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 requires improvement. Pressure area care had not always been delivered in line with people's care plan. Medicines protocols were not in place to ensure staff administered medicines in a consistent manner. Cleaning schedules did not ensure that soft furnishings were effectively cleaned. At this inspection, action had been taken to address these issues and this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Risks were assessed and monitored.
- Checks were carried out to make sure the building and equipment were safe. We discussed with the registered manager that the legionella risk assessment was not detailed and fire drills and times were not clearly recorded for night staff. This was addressed by the registered manager.
- Assessments had been completed for any identified risks for people such as moving and handling. One person told us, "I need help with everything. There's always two carers to hoist me, I feel perfectly safe when I'm being lifted."

Staffing and recruitment; Preventing and controlling infection

- There were sufficient staff deployed to meet people's needs. We spoke with the registered manager about staff having to deep clean the kitchen at night. We considered that this task could take them away from their caring duties and increase the risk of cross infection. Following our inspection, night staff no longer had to complete this task.
- The home was clean and free from malodours. Staff had access to and used gloves and aprons.
- The registered manager clarified the use of special dissolvable laundry bags with staff so they knew when these should be used. These bags are used to reduce the risk of cross infection.

Using medicines safely

- Medicines were managed safely. At the time of our inspection, there was a heat wave and temperatures in the medicines storage room slightly exceeded recommended guidelines. The registered manager told us they would buy a midi air cooler and humidifier.
- Night time medicines were administered by day staff. An on call system was in place should people require any medicines through the night. We did not identify any impact upon people with this current practice. However, we discussed with the registered manager about the provision of medicines training for night staff so staff were able to administer medicines through the night without any delay. The registered manager told us that training would be organised.

Systems and processes to safeguard people from the risk of abuse

- There were systems and procedures in place to help protect people from the risk of abuse.
- The nominated individual had met with staff and told us, "All members of staff without exception said that

if they had any concerns about safeguarding, or about other serious occurrences at Mayfield, they would raise these with [names of registered manager and head of care]...In my meetings /conversations I reminded every member of staff of my direct contact details in order that they could make contact with me should they have concerns."

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify if there were any trends so action could be taken to reduce any reoccurrence.

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.

At the last inspection this key question was rated as requires improvement. The environment was not well maintained and staff were not always kept up to date with changes in policies and procedures. At this inspection, action had been taken to address these shortfalls and this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The design and décor of the home now met people's needs.
- The home had been redecorated and refurbished and a new hairdressing salon had been fitted.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their specific needs.
- People said that staff were suitably trained. One person told us, "I'm happy the carers know what they're doing. I've never met such a good group of people, I can't fault them at all."
- Most of the training was online. Some staff told us that more face to face training would be appreciated such as first aid. The registered manager told us that this was being organised.

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

- People's needs were assessed and care plans were formulated to document what actions staff needed to take to meet people's needs.

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

- People were supported with their nutritional and hydration needs.
- People were complimentary about the meals. One person told us, "The food choices are good. There's always something I like."

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

- Staff supported people to access healthcare services and receive ongoing healthcare support.
- A health and social care professional told us, "They are proactive in getting hold of other professionals and yes in my experience, they are able to take on board the opinions of others."

Ensuring consent to 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 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. 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 registered manager had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements.
- Mental capacity assessments had been carried out, however, these were not always decision specific. We spoke with the registered manager about this issue and she told us that this would be addressed.

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.

At the last inspection, this key question was rated requires improvement. The environment did not fully support people's dignity. At this inspection, action had been taken to address this issue and this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and dignity.
- People and relatives spoke positively about the care that was provided. One relative said, "They are making his quality of life as good as possible." We spoke with a health a social care professional who told us, "If I was going to pick somewhere which was homely where you get TLC, [tender loving care] this is one of the homes I would pick."
- Staff spoke in a caring and respectful manner about the people they supported. One staff member said, "I love my job – just making a difference. They feel like my family...so you make it as homely as you can, you do get that bond."
- Each person's care needs were diverse and individual to them. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff had completed training in equality and diversity.

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

- People and where appropriate, their relatives were involved in people's care. One relative told us, "I don't think there's been an update to the care plan but we're kept informed any of changes or problems."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. Care plans provided the basic information needed to provide safe care but did not identify how care could be tailored to people's needs. At this inspection, action had been taken to address this issue and the rating for this key question has now improved to 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 received care and support which met their needs.
- People had a care plan which guided staff on how to deliver person-centred care.

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.

- Care plans contained information about people's communication needs. The registered manager explained that information could be provided in a different format if this was required.

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's social needs were met.
- There was an activities programme in place. One person told us "The carers take me to the shops and to church when I want to go." People enjoyed lunch in the garden on the first day of our inspection. A quiz was also organised and board games.
- Staff supported people to access the local community. The home was continuing to build on the links they had developed with the local community.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. None of the people or relatives had any complaints. One person said, "No need to complain at all."

End of life care and support

- A multi-disciplinary approach with health and social care professionals was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.

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 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 high-quality, person-centred care.

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

- During and following our inspection, several staff raised concerns about the management of the home which they said affected staff morale. We passed these to the nominated individual and registered manager for their attention. Individual meetings were held with staff and action was taken in response to some of the issues raised.

We recommend that the provider keeps the day-to-day culture at the home under review, to check that it is open, positive and person-centred and take action if any concerns are highlighted.

- A range of audits were carried out. During our inspection, we identified several shortfalls in areas relating to infection control practices, premises checks and mental capacity assessments. We did not identify any impact upon people and action was taken to address these issues. However, the provider's quality monitoring system had not identified these issues.
- The registered manager had notified CQC of significant events at the home in line with legal requirements.
- Meetings were held for staff, people and relatives to involve them in the running of the home. Surveys were also carried out to obtain feedback.

Continuous learning and improving care

- Safeguarding incidents and complaints were analysed to identify any lessons learned so action could be taken to reduce the risk of any reoccurrence.

Working in partnership with others

- Staff worked with health and social care professionals to make sure that people received joined up care.