

Mayfair residential care home Limited

# Mayfair Residential Care Home Ltd

## Inspection report

42 Esplanade  
Scarborough  
North Yorkshire  
YO11 2AY

Tel: 01723360053  
Website: [www.mayfaircs.co.uk](http://www.mayfaircs.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Mayfair Residential Home is a care home providing personal care for up to 19 older people, some of whom may be living with a dementia related condition. At the time of this inspection the service was supporting 18 people.

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

Since our last inspection the registered manager had been supported by two carers that had been promoted to senior management roles. Some areas such as infection control and fire safety had significantly improved. Other areas such as falls; medicines management; safety of equipment; records; quality assurance processes were still requiring further improvement.

Care plans were a working progress to include more detailed information to guide a consistent approach by staff to meet people's needs. Some care plans were person-centred, but this was not consistent across all care plans. The provider advised these were being reviewed and updated to include more person-centred detail. The majority of staff knew people's needs well and how best to support them.

Risk assessments did not always include sufficient guidance for staff to mitigate risks to people's health and safety. Some risks had not been identified by the provider and assessed appropriately. Staff had not ensured people's medicines were always administered as prescribed and that sufficient stocks were in place. Records for topical medicines such as creams did not show they had been administered as prescribed. The leadership and governance structures in place were not always effective in identifying areas that required further improvement.

Medicines had been monitored for their effectiveness and disposed of in line with best practice guidance. Infection prevention and control measures had been improved significantly and audits in this area were effective. People told us they felt safe and that staff worked well together to support them. Dependency tools were used to ensure staffing levels could meet the needs of people living at the service. These had been regularly reviewed and increased to meet people's changing needs. Staff respected people's dignity, privacy and encouraged them to be as independent as possible.

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. Records were in place detailing those involved in making decisions relating to people's care and support needs. People were supported to access activities both in the service and outside in line with their hobbies and interests. A range of activities were available including exercises, quizzes and entertainers such as singers visiting the service. Staff supported people to access health care appointments as and when needed.

Feedback from people and their relatives was positive about the registered managers approachability and

visibility within the service. Staff felt the manager was supportive and available to provide guidance to them when needed.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published July 2019) and there was a breach of regulation 17. This related to the governance of the service. We spoke with the provider following our last inspection and they provided regular actions plans, to show what they would do and by when to improve. At this inspection we found some improvements had been made. These were not sufficient to meet the breach of regulation 17 and a further breach of regulation 12 had been identified. This is the third consecutive inspection rated as requires improvement.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Mayfair Residential Care Home Ltd

## **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

This inspection was carried by one inspector over three days.

#### Service and service type

Mayfair Residential Care Home Limited 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 CQC at the time of our inspection. 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 on the first day and announced on the second and third day.

#### What we did before the inspection

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. We sought feedback from partner agencies and professionals working with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the provider/registered manager, two senior care workers, four care workers, and the cook. We spoke with two visiting health and social care professionals. We observed the lunchtime experience and administration of medicines.

We reviewed four people's care records and five medicines records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records were reviewed relating to the management of the service, such as audits, fire safety records and maintenance checks.

#### After the inspection

We sent a letter to the provider outlining our concerns found during the inspection. We requested information detailing how they would address the issues found. We will review their response when it is received.



# 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 requires improvement.

At this inspection this key question remains the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments did not always provide sufficient guidance for staff to mitigate risks to people. In some cases, risk assessments were not specific. For example, several people had free standing radiators in their rooms which were uncovered and posed a risk of burns and/or falls. There were no records to show whether other more safer options had been considered.
- Information relating to accidents and incidents had not always been fully recorded and/or staff had not followed the protocols in place. For example, one incident clearly stated the person had swelling to their head. The providers procedures asked staff to contact emergency services for any head injuries. The provider asked us to check records within the persons file and these showed that staff had not followed this procedure.

Using medicines safely; Staffing and recruitment

- Medicines were not always managed safely. For example, one person had no pain relief in stock. They had been expressing pain and when we checked their records no pain relief had been administered for the last five days. Staff contacted the GP surgery and collected the medicines so they could administer pain relief immediately. We identified topical medicines not being administered as prescribed and a couple of other issues which were addressed as part of the inspection.
- Recruitment procedures were in place. These were not robust to ensure people's characters were suitable to work in a care environment. For example, one person had not been risk assessed and attempts had not always been made to obtain references from their most recent employment.
- People's needs had been considered to inform staffing levels. It was difficult to see how these had incorporated the layout of the building and time taken to manage people's behaviours. The provider advised they were staffing over the required staffing levels according to the tool they were using. We observed people's needs were met in a timely way.

Due to poor management and oversight of risks relating to people's safety, health and well-being, people were placed at increased risk of harm. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had been supported by an external pharmacist to improve medicines management. The provider told us they had completed the majority of the recommended actions; some minor points were a work in progress.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Oh yes, staff look after me well" and, "I feel safe living here, I wouldn't stay if I didn't like it here."
- Staff were knowledgeable about how to protect people from abuse. Policies and procedures were in place to support staff to report any concerns.
- Staff told us they were confident to use the whistleblowing procedure.
- Risks to people were not always identified. Care records did not always provide detailed guidance for staff to keep people safe.

Preventing and controlling infection

- Infection prevention and control measures were robust in identifying and addressing issues. Management had good oversight in this area and many improvements had been made since our last inspection. For example, flooring had been improved and many areas redecorated within the home.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about people's needs. Staff described how they promoted people's dignity, one advised, "I always ask people before carrying out personal care and make sure curtains and doors are closed."
- Staff received training to meet people's needs. We did identify some gaps in knowledge and experience, the provider was sourcing further training to address these shortfalls. For example, some staff had poor knowledge of the mental capacity act and 'react to falls' training was being scheduled.
- Staff received supervisions and appraisals to support them in their role. Competency assessments had been completed but required more detailed recording. The provider updated this process during the inspection.

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

- People were supported to maintain good levels of nutrition and hydration. Regular snacks and refreshments were served throughout the day.
- People were supported to eat and drink. Staff considered people's independence and encouraged them to do as much as they could themselves to maintain their skills.
- Systems to monitor people's food and fluid intake were effective. Records showed the service had worked with health professionals to assess people's swallowing. Diets and/or fluids had been modified when appropriate to ensure these risks were managed.
- The cook held records in relation to people's specific dietary requirements. These were updated if people's needs changed.

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

- People's needs were initially assessed to ensure staff could meet people's individual needs.
- Care plans detailed people's level of independence, choices and needs. Staff were knowledgeable about people's needs and how to support them.
- Handover records ensured important information was communicated to the staff team.

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

- Best practice guidelines had not always been followed to ensure people's wishes were reviewed when transitioning between services. For example, hospital to a care home. The provider was in the process of contacting GP's to review people's 'Do Not Attempt To Resuscitate' orders where this was needed.
- Staff worked in partnership with other professionals to re-assess changes in people's needs. For example,

diabetes specialist nurses and speech and language therapists.

- People were supported to attend health care appointments or home visits were arranged. These included appointments with, opticians, GP's and district nurses.

The 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 with appropriate legal authority. 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.

- The service was working within the principles of the MCA. Where people lacked capacity to make decisions for themselves, best interest decisions were in place.
- Staff were knowledgeable about how and when to assess people's capacity to make decisions for themselves. Records required some improvement. The provider advised staff were scheduled to complete MCA training so they could then review people's capacity when as and when needed.
- DoLS applications had been made to the appropriate authorities.

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

- The provider had made significant improvements to the premises. Flooring had been updated to improve cleanliness. Rooms and communal areas had been redecorated and maintenance was continually reviewed as repairs were needed.
- Communal areas had signage to support people with sensory impairments and/or dementia to orientate themselves independently. Pictures were personalised on people's room doors to help them navigate to their rooms. One person had sensory lights in their room to help them relax.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and maintained their dignity. For example, staff knocked on people's doors before entering and ensured they were covered up whilst supporting with personal cares.
- People were encouraged to do as much for themselves as possible. Care plans detailed people's level of independence and staff were aware of when to prompt or support if needed.

Ensuring people are well treated and supported; respecting equality and diversity

- People had communication care plans in place. We discussed with the provider how this could be improved to consider information being provided in a format people could understand. The provider advised they would update care plans to reflect this information.
- People told us staff had time to chat with them. We observed staff listening and reassuring people when they became anxious.
- People's religious and cultural beliefs were considered. People had access to regular services within the home and could attend local church services if they were able.
- Staff spent time building trusting relationships with the people they supported. During the inspection one member of staff went upstairs to say goodbye to a person after their shift had finished. One person told us, "Some of them (staff) have almost become family if I'm honest." A relative told us, "The staff are jokey and cheeky, but that suits [name of person]."

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

- Care records showed people were included in their care planning. One person told us they had just had a review, "They (staff) were here helping me to write my views."
- Satisfaction surveys had been completed to gather feedback from staff, relatives and health professionals. The provider had analysed responses and taken steps to action improvements. For example, more variety had been added to the daily menus.
- Advocacy services were available to people if they needed support to express their views.

# 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were a working progress to include more person-centred information. Staff were knowledgeable about people's needs and how to support them, but this level of detail was not always included in care plans.
- Reviews were regularly completed to identify any changes in people's needs. For example, changes in dietary requirements were updated following assessments from speech and language therapists and the cook's records updated.
- People's had choice and control of their lives. One person told us, "I can choose which activities I want to attend. Sometimes I have my meal in my room or downstairs, it depends how I'm feeling."

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.

- Communication care plans were in place. However, AIS had not been considered within these care plans where people had sensory impairments or more complex communication needs. The provider advised they would review and update these to consider people's preferences.
- All staff were not aware of AIS. The provider was ensuring this was included as part of the induction and discussed during team meetings.

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

- A range of activities were on offer to create meaningful interactions for people. We observed exercises and quizzes taking place. Staff engaged people in conversations and encouraged discussions to take place between the wider group in the room. One person advised, "We have regular singers come and visit, I enjoy those."
- Staff visited people in their rooms to offer emotional support. In addition, if people needed support to access the wider community staff accommodated this if it was part of their assessed needs.

Improving care quality in response to complaints or concerns

- The provider had procedures in place to deal with complaints or concerns. The registered manager told us no complaints had been received since our last inspection. Any minor concerns had been resolved immediately. We asked that these were recorded in future to show how they managed issues that may be raised.

- People and their relatives felt confident that the manager would listen to them and resolve their complaints should they have any.

#### End of life care and support

- Care plans explored people's advance wishes for end of life care.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement effective system to assess the quality and safety of the service. This was a breach of regulation 17 (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found further improvements were required, which meant this breach had not been met.

- The provider had made some significant improvements to improve some areas of quality within the service. Further work was required to ensure effective systems were in place to manage risks to people's health and well-being. For example, falls and medicines management.
- Some staff had poor knowledge of their roles and responsibilities. We identified gaps in knowledge of MCA, person-centred care, falls management and end of life care.
- Internal audits and processes were not always effective at identifying issues or areas requiring further improvement. For example, falls assessments did not consider the persons environment or medicines that may contribute to an increased risk of falls.

Systems were not fully embedded to demonstrate effective oversight of safety and quality. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager was aware of their responsibilities to notify CQC of significant incidents that occurred in the service as required by law.
- The provider had taken steps since our last inspection to improve some training. They advised further training would be scheduled and competencies checked thoroughly on a more regular basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Advice from external health and social care professionals had been adhered to and incorporated into people's care plans.
- The manager and provider had worked in partnership with health professionals to improve the service. An external infection prevention and control nurse had supported the service and a pharmacist. We noted significant improvements since our last inspection in these two areas. One visiting health professional

advised, "I have no concerns about this home. It is one I enjoy visiting."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on their duty of candour responsibility

- The provider and their management team were visible throughout the service. They were aware of their responsibilities in relation to duty of candour and were open and honest when things went wrong.
- Feedback from people about the management of the service was positive. Comments included, "I think they [staff] work as a family team" and, "It managed well."
- People's personal data had been stored securely in locked cabinets within a secured office.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

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 provider had not always identified risks to people's safety or taken action to mitigate any such risks. Equipment used by the provider was not always the safest option to meet their needs. Medicines were not always managed safely.</p> <p>12(1)(2) a, b, e, f, g.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always assessed, monitored and improved the quality and safety of the services provided. Risks relating to the health, safety and welfare of service users were not managed to mitigate them. Records were not always complete and contemporaneous in respect of each service user. The provider had not acted appropriately on feedback given by the regulator. All practices had not been fully evaluated to identify areas requiring improvement.</p> <p>17(1)(2) a, b, c, e, f.</p>