

Ms Diane Langdon

# Mayfair 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?

Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 24 May 2016.

The Mayfair Residential Home is registered to provide care and accommodation to up to 16 people. The home specialises in providing care and support to people with long term mental health needs. At the time of this inspection there were 13 people using the service.

The provider is also registered to manage the home. 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.

The last inspection of the home was carried out in January 2015. At that inspection the service was rated as Requires Improvement. We found that improvements were needed to ensure there were adequate risk assessments in place to keep people safe. We also found that quality assurance systems were not effective in highlighting shortfalls and planning improvements.

At this inspection we found that improvements had been made. There were up to date risk assessments to reduce risks to people using the service and others. Improvements had also been made to make sure the quality assurance system identified shortfalls and enabled ongoing improvements to be planned.

The provider took overall responsibility for the management of the home and was supported by a care manager who carried out the day to day management. People and staff described the management as open and approachable.

People were cared for by staff who had the skills and knowledge to meet their needs and interacted with people in a patient and kind way. People felt safe at the home and with the staff who supported them. One person told us "I'm safe here." Another person said "The staff are always kind to me."

Staff had a good knowledge of each person and were able to monitor their mental and physical health. They worked with healthcare professionals to make sure people received the care and treatment they needed to meet their healthcare needs.

People's medicines were safely administered by staff who had received specific training and supervision to carry out the task. People told us they received the correct medicines at the right time. One person said "I always check I have the right tablets. They always get it right."

People continued to make choices about their day to day lives and were able to follow their chosen lifestyles. Care was planned and delivered in a way that met people's needs and respected their wishes. People were fully involved in all decisions about their care.

There was a stable staff team which provided a consistent approach to people. It also enabled people to build relationships with the staff who supported them. Staff spent a lot of time chatting and socialising with people. We heard staff laughing and joking with people and there was lots of friendly banter which created a happy atmosphere. One person said "It's nice to have a laugh."

There were formal and informal ways for people to share their views, make suggestions or make a complaint. People felt comfortable to speak with the management or staff about any worries or concerns. One person told us "They listen to you and apologise when they get things wrong."

## 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.

People were supported by enough staff to meet their needs and minimise risks to them and others.

People received their medicines safely from staff who had received training to carry out this task.

There was a robust recruitment procedure which minimised risks of abuse to people.

### Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's health was monitored and staff sought advice from healthcare professionals to make sure they received appropriate treatment to meet their needs.

Food and drink was available to people which met their needs and took account of their wishes and preferences.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People's privacy was respected.

People were actively involved in planning their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was responsive to their

needs and reflected their lifestyle preferences.

There were ways for people to share concerns, make suggestions and raise complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

Improvements had been made to make sure the quality assurance system identified shortfalls and enabled ongoing improvements to be planned.

People and staff felt the management of the home was open and approachable.

The provider listened to people's views and, where possible, made changes in accordance with people's wishes.

# Mayfair Residential 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 24 May 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with eight people who lived at the home and one visiting healthcare professional. We spoke with five members of staff which included care staff and the care manager. We also spoke with the provider of the service. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, medication records, three staff personal files and minutes of meetings.

# Is the service safe?

## Our findings

At the last inspection of the home we found that risk assessments were not always robust and did not give adequate guidelines to enable staff to minimise risks to people. At this inspection risk assessments had been up dated by the home and other professionals. These gave clear details about the risks associated with people's mental health needs and their chosen lifestyles. There were assessments which outlined the signs and symptoms of someone becoming mentally unwell so that staff were able to quickly seek advice and support from professionals to minimise the risks to people. A healthcare professional told us they thought the staff dealt extremely well with people's illnesses and sought advice and kept them informed of any changing situations.

Staff knew people well and were able to tell us about the triggers and behaviours that may indicate someone's mental health was deteriorating. At the time of the inspection staff identified one person whose behaviour had changed. They had already been seen by a psychiatrist and a community mental health nurse visited them during the inspection. The staff's liaison with other professionals meant the person got the support they required and risks to themselves and others were reduced.

Some people liked to go out without staff support and told us they were asked to tell staff when they were going out and a rough time of when they would be back. Each care plan contained a missing person sheet which gave details of the person which could be shared with appropriate professionals if someone who left the home did not return when they stated.

People told us they felt safe at the home and with the staff who supported them. One person told us "I'm safe here." Another person said "The staff are always kind to me." Throughout the day we saw that people were very relaxed and comfortable with the staff who worked at the home.

People were supported by sufficient numbers of staff to meet their needs and support them to attend appointments and use community facilities. People said there were always staff available to spend time with them and to meet their needs. One person said "Even in the middle of the night there's always someone here to have a cup of tea with." Another person said "Staff always have time for you."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment records showed the provider had obtained the appropriate information before new staff began work. One member of staff told us they had had to wait to begin work until all the required information had been seen by the provider.

Risks were further reduced because all staff knew how to recognise and report abuse. Staff had undertaken training in this subject and were confident that any allegations would be taken seriously and fully investigated. One member of staff said "Something would definitely be done."

There was a poster on the home's notice board giving details of who to contact if for any reason people felt unable to raise their concerns within the home.

People's medicines were safely administered by staff who had received specific training and supervision to carry out the task. People told us they received the correct medicines at the right time. One person said "I always check I have the right tablets. They always get it right."

When people's medicines changed the staff closely monitored people and shared any concerns or possible side effects with healthcare professionals. We heard staff talking to a healthcare professional about a person whose medicines had recently changed to check everyone was aware of the effects of the new prescribed medicine.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. People were regularly offered these medicines to maintain their comfort. One person told us "They always offer you pain killers. They're very good like that."

The home used a monitored dosage system for medicines and there were appropriate storage facilities. The pharmacy provided printed medication administration records and these were well maintained and correctly signed to show when medicines had been administered or refused.



# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff had a good knowledge of each person and how they liked to receive their care. One person told us "The staff are very good." A healthcare professional told us they thought the staff were very skilled at meeting people's individual needs.

Staff received training which enabled them to safely care for people. New staff completed a basic induction programme and were able to work alongside more experienced staff which allowed them to get to know each person. The minutes of a staff meeting showed how the care manager promoted the ethos of staff building relationships with people before they supported them with personal care. This meant that people were only supported with intimate personal care by people they knew and felt comfortable with.

Training records showed staff had opportunities to complete training in health and safety and subjects relevant to the specific needs of people who used the service. Staff told us they had regular supervision with the care manager which enabled them to discuss their work and training needs. One member of staff said "We get good training. Some distance learning courses have been good and we have some face to face stuff." A number of the staff had completed nationally recognised vocational training which ensured they were competent in their roles.

Staff constantly monitored people's mental health and sought advice where appropriate. Staff had the skills required to identify when people were unwell and to provide the support required at this time. For example when someone was going through a period of anxiety staff offered gentle reassurance in a non-judgemental way. One person asked the same question on a number of occasions and each time staff demonstrated patience and understanding.

In addition to monitoring and supporting people with their mental health needs people were well supported with their physical health needs. The staff arranged for people to see appropriate healthcare professionals according to their individual needs. One person told us "They are very organised. If you ask them [staff] to take you to the doctors they do. If the doc wants a sample or anything they sort it all out." Another person whose physical health had declined told us how the staff had arranged for them to be seen by a healthcare professional and were supporting them to attend appointments to enable tests to be carried out.

One person had been physically unwell and they had been admitted to hospital for treatment. They told us "I feel really well looked after here. They get the doctor and sort things out. Hospital was alright but it's better here."

Generally people were happy with the food provided although one person said they would like more roast dinners. Other people told us food was good and they received plenty to eat. Everyone was asked for menu choices at regular meetings and meals were supplied in accordance with people's choices. During the inspection one person did not want either of the choices on the menu and an alternative meal of their choosing was made.

The staff acknowledged people had different routines and lifestyles and snacks and drinks were available to people throughout the day and night. There was a small kitchen area where people were able to make drinks and snacks and staff supported people who required assistance. One person told us "I like to be independent but I like it when they do cups of tea as well."

At lunch time people were able to choose where they ate their meal. The majority of people ate in the main dining room but we saw staff take meals to people who preferred to eat on their own. One person chose not to mix and staff took drinks and snacks to them throughout the day. They said "The food's alright here. They bring stuff up all day."

People were always asked for their consent before staff assisted them with any tasks. People made choices about what care they chose to accept. One person said "There's no pressure about anything."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

People were able to make decisions about what care or treatment they received when they were mentally well. Staff had received training about the Mental Capacity Act and knew how to support people with decision making if they were unable to do so. A healthcare professional told us they thought staff always acted in people's best interests.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). No one living at the home required this level of protection but there were policies and procedures to make sure staff had the information they needed if this was appropriate to anyone.

# Is the service caring?

## Our findings

People were cared for by kind and understanding staff. People told us staff respected them as individuals and encouraged them to express themselves. One person said "You can talk with any of the staff any time." Another person who had not been at the home long said "So far everyone has been very kind and helpful."

Throughout the inspection visit we observed and heard patient and caring interactions between staff and people who lived at the home. We saw staff supported people in a gentle way and allowed them time to express themselves. One person told us "They help you and are always kind to you." When a person was verbally aggressive staff were non-judgemental and offered quiet reassurance.

There was a stable staff team at the home which provided a consistent approach to people. It also enabled people to build relationships with the staff who supported them. People told us they had keyworkers and these staff helped them and were always there for them. One person said "I can always go to [keyworkers name] and they take me shopping and out for coffee. I suppose they're my special person but everyone is nice." Another person told us "I like [keyworkers name] a lot. We get on and are well suited."

Staff spent a lot of time chatting and socialising with people and it was apparent they knew people well. We heard staff laughing and joking with people and there was lots of friendly banter which created a happy place for people to live. One person said "It's nice to have a laugh."

There was a caring atmosphere in the home and people had obviously developed friendships with other people they lived with. People chatted together and showed concern for others. Some people went out together to socialise in the town or carry out errands for the home such as shopping. One person said "I like to go out with someone else."

People's privacy was respected and all personal care was provided in private. Each person had a private bedroom where they could carry out personal care, spend time alone or entertain visitors. Staff respected people's privacy and did not enter bedrooms without the person's permission. Bedrooms had been personalised in line with people's interests and tastes.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People were supported to keep in touch with friends and family and visitors were always made welcome. People were able to have phone lines and internet connections in their personal rooms. This enabled them to communicate with friends and family in private. One person told us they regularly skyped family members who were unable to visit frequently.

There were ways for people to express their views about their care and treatment. Community healthcare professionals visited the home regularly which enabled people to discuss their treatment and talk about the support they would like.

Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person told us "They do the care plan with you and write down more or less everything you say." Another person said "They do the care plan with you and it's about what you want." One person had chosen not to have any personal information recorded in their care plan and this was clearly recorded.

Some people had care plans for how they wished to be cared for at the end of their life. We were told about one person who had chosen to remain at the home when they became very unwell. Staff had provided care for this person with support from district nurses to ensure they were able to remain at the home. A healthcare professional said the end of life care provided to the person had been "Remarkable" and staff did their very best to accommodate all their wishes. A person told us "It was sad but nice that [person's name] died here. It was their home."

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. A high emphasis was placed on people remaining in control of their own lives and making decisions about all aspects of their care and treatment. One person said "I come and go as I please." Another person said "I tell them. They don't tell me."

Staff respected people's lifestyle choices which enabled them to follow their own routines. Staff told us about a person who chose not to socialise at all and came out of their room when they wanted something from staff. We saw this person came to the main office when they required something and then returned to their room. Staff were very respectful of the person and did not try to interfere with their routine.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Staff took time to get to know people and gradually developed the care plan with them as they settled in.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. People's likes and dislikes were recorded and throughout the inspection we saw staff had an excellent knowledge of what people liked and how they wanted to be cared for. One person said "They know everything about me. You don't have to explain things over and over."

One person had decided they did not wish to have personal information about their likes and dislikes in their care plan. There was a statement in the care plan, signed by the person, to say the plan provided enough information to keep them safe but they did not wish to have any other information recorded. This showed the staff respected the person's wishes and right to privacy.

The staff responded to changes in people's needs. They sought advice from appropriate professionals to enable them to continue to meet people's needs if these changed or they became unwell. The care manager told us they were well supported by other professionals and aimed to prevent unnecessary admissions to hospital by working together to support people. A healthcare professional said they felt staff managed situations well and worked with them to promote people's well-being.

One person whose physical health and mobility had changed said staff helped them more now than they had in the past. They said "They help me with showers and stuff now." Where people required specialist equipment to meet their changing needs, such as pressure relieving mattresses, this was provided. There was no call bell system in the building but the home had some pressure mats that were linked to a staff pager that could be used for people to summon staff if they required it. The provider told us they would keep this under review and source other appropriate equipment if people's changing needs made a call bell system necessary.

The staff ensured people received the correct level of care. The home did not provide nursing care. Where

people's needs had increased to a point they required a higher level of care than could be provided by the home they made sure people had their needs reassessed. Two people had recently had their needs reassessed and had moved to an alternative care situation which was able to meet their increased needs.

There was no formal activity programme at the home but there were sufficient numbers of staff to make sure people could take part in activities if they chose to. Most people occupied themselves but often liked to have a member of staff to support them to use community facilities. The home was ideally placed to enable people to access the community and was just a short level walk from the sea front. People told us they frequently went into town for coffee or a meal.

One person said they had a bus pass which enabled them to go shopping in a nearby town. Another person said staff helped them with internet shopping which they enjoyed. One person told us "There's always lots of staff. I like to go out with my keyworker best. We like to shop and go to café's"

The provider and care manager sought people's views formally at meetings and informally during daily conversations. There was a complaints procedure and minutes of residents meetings showed people were always reminded to talk with someone if they weren't happy about anything and wanted to discuss it in private.

Everyone we asked said they would be comfortable to make a complaint and all felt they would be listened to. One person told us "They listen to you and apologise when they get things wrong."

# Is the service well-led?

## Our findings

At the last inspection we found improvements were needed to make sure that quality assurance systems in place enabled the provider to effectively monitor the standard of care offered and plan ongoing improvements. At this inspection we found that the provider had purchased a comprehensive quality assurance system and audits were being carried out to identify where improvements could be made. For example an infection control and property audit had identified where new shelving was required for storage and this was being installed.

New maintenance request forms had been put in place which enabled urgent jobs to be clearly identified and meant the provider was able to track the progress of all requests. Medication documentation and practice was audited and results from the audits had been fed back to all staff at a meeting.

All accidents and incidents which occurred in the home were recorded and these records were seen by the care manager. This enabled them to monitor people's individual well-being and seek further advice where appropriate. It also enabled them to identify any trends or patterns in accidents and incidents which may mean changes needed to be made.

The provider took overall responsibility for the management of the home and was supported by a care manager who carried out the day to day management. People and staff described the management as open and approachable. Everyone told us they would be able to talk with the provider or the care manager. One person said "I always go to [care manager's name] if I'm worried about anything." A member of staff said "You can go to either with any problems. They're always around."

The main office was located in a central position which enabled people to speak with the care manager or provider at any time. It also enabled the management team to observe care practices and carry out ongoing monitoring. People were seen throughout the day interacting with the management team and everyone was very relaxed and comfortable with them.

The provider responded to suggestions and made changes in accordance with these. The last satisfaction survey showed people were generally happy with the care and facilities at the home. However a number of people raised issues with the meals served. Previously meals had been prepared by care staff. In response to the issues raised by people a cook had been employed. The care manager said the new cook meant that people were now receiving more freshly prepared meals. At this inspection most people were satisfied with the food.

The provider and care manager kept their knowledge up to date by on-going reading and training. They liaised with other professionals to make sure people received consistent care and treatment which reflected up to date good practice guidelines. There were up to date policies and procedures which gave guidelines to staff how to effectively deal with situations in a way that reflected up to date legislation.

The care manager told us they aimed to provide a home for people where they felt comfortable to be

themselves and were able to make choices about all aspects of their lives. This ethos was followed by care staff. One member of the care staff team told us they all worked as a team to ensure people lived in a homely safe environment where they could express themselves. Another member of staff said "We want people to feel at home." One person said "I do like it here. I can do what I like. This is my home."

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.