

Methodist Homes Mayfields

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 was an unannounced inspection, carried out on 7 September 2015.

Mayfield's is a purpose-built single storey home which provides care for a maximum of 46 older people with a diagnosis of dementia. The service is located in the Overpool area less than two miles from Ellesmere Port town centre. The service consists of three wings called Rosebank, Bluebell and Greenacres which are located off a main central lounge. Each wing has its own separate lounge/dining area with domestic scale kitchen facilities and a range of shared bathroom/toilet facilities. All bedrooms are single with en-suite facilities. There are car parking facilities outside of the building and a large garden which is accessible to all people throughout the year.

The service has a 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.

We last inspected this location in November 2013 and we found that the registered provider met all the regulations we reviewed.

People were safe. Staff understood what is meant by abuse and the different forms it can take. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Staff told us they would not hesitate to raise concerns and they felt confident that they would be dealt with appropriately. Family members told us they had no concerns about their relative's safety. They commented; "There are always plenty of staff to support [my relative] and I know they are safe here".

Staff were caring and they always treated people with kindness and respect. Observations showed that staff were mindful of people's privacy and dignity and encouraged people to maintain their independence. Relatives and visitors told us that they had no concerns about the care. They said they had always been made to feel welcome and part of a family when visiting.

People's needs were assessed and planned for and personalised in order to how best to meet people's needs. People's wishes, preferences and beliefs were reflected in the care plans. Care plans were person centred, detailed and reviews always promoted the involvement of the person or other important people such as family members. Staff worked well with external health and social care professionals ensure people received the care and support they needed. People were referred onto the appropriate service when concerns about their health or wellbeing were noted.

Robust recruitment processes were followed and there were sufficient qualified, skilled and experienced staff on duty to meet people's needs.

Staff received support through supervision and team meetings which enabled them to discuss any matters,

such as their work, training needs or areas of development. There was a well-developed programme of planned training which was relevant to the work staff carried out and the needs of the people who used the service. All new staff at the service completed an in- depth induction programme before they supported any people on a one to one basis at the service.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had a good knowledge and understanding of the Mental Capacity Act 2005 and their role and responsibility linked to this. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and were able to show an understanding of the key principles when asked.

People received their medication as prescribed and staff had completed competency training in the administration and management of medication. Medication administration records (MAR) were appropriately signed and coded when medication was given.

The service was well- managed by a person described as "supportive and approachable". Systems were in place to check on the quality of the service. Records were regularly completed in line with the registered provider's own timescales. We were notified as required about incidents and events which had occurred at the service.

The service was accessible, clean, safe and free from unpleasant odours. Staff were able to describe their responsibilities for ensuring people were protected against any environmental hazards. Fire safety was well- managed and all relevant Health and Safety checks were appropriately completed by a competent person.

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

Risk management plans and assessments were regularly reviewed and updated. This ensured that people were kept safe and risks were minimised.

Staff understood their responsibilities in relation to protecting people from harm or abuse. There was a whistle blowing policy in place and staff knew how to report concerns

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good ●

The service was effective

People received support from staff who had completed appropriate training to undertake their role.

Staff sought consent from people before providing care. Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate interventions in order to maintain good health.

Is the service caring?

Good ●

The service was caring

People and their families felt staff treated them with dignity and respect at all times.

People's decisions were respected and staff encouraged independence in all areas of support and care. People's dignity and privacy was maintained at all times.

People received care and support from staff that knew them well.

Is the service responsive?

Good ●

The service was responsive

People received personalised care from staff. Care plans provided information to guide staff and were reviewed regularly.

People had access to a range of activities and could choose where and how they wanted to spend their day.

The registered manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led

People and staff spoke highly of the registered manager, who was approachable and supportive.

There was an open and transparent culture in the home.

There were effective systems in place to monitor the quality and safety of the service provided.

Mayfields

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.

We visited the service on the 18 January 2016. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors.

As part of the inspection we spoke with five of the people living in the service, five relatives, two visiting professionals and four staff. We also spent time with the deputy manager, registered manager and Area manager. We observed staff supporting people and reviewed documents; we looked at six peoples care records, medication records, four staff files, training information and policies and procedures in relation to the running of the service.

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 observed care and support in communal areas and staff interaction with people during a mealtime.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection, complaints and safeguarding. We also contacted local commissioners of the service, the local authority safeguarding team and Healthwatch to obtain their views. No concerns were raised about the service.

Is the service safe?

Our findings

There were enough staff to meet the needs of people and to keep them safe. We observed that staff were available to support people whenever they needed assistance. Observations showed that people were comfortable and relaxed when interacting with staff and each other. One person commented "The girls are great, it's how they are with you that matters. They make me feel safe". People told us they felt safe and there was always staff available to help them if they needed support. The registered manager told us that staffing levels were regularly reviewed and were adjusted if needed to meet people's needs. Relatives told us "It's absolutely safe here. Staff always know where [my relative] is but they never crowd their personal space" and "it's the only place I found that when I leave I feel I can relax as [my relative] is safe and well cared for".

Staff spoke confidently about their role and responsibilities for ensuring people were safe. Staff told us they had completed safeguarding adults training and records confirmed this. Staff knew what abuse meant and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "It's important to know where to go with safeguarding as I want to protect people". Staff had a good awareness of the registered provider's and local authority safeguarding procedures. Records showed that safeguarding concerns had been addressed in partnership with the local authority. All staff were aware how to whistle blow and said they would be happy to do so if they needed to.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form and a record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. We saw that staff had access to important information about people's medication, including what the medication was for and any possible side effects. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. Staff who administered medication had an excellent knowledge of people's medicine needs and their individual medical history and we observed people being given their medication appropriately. Training records showed staff were suitably trained and had been assessed as competent. Medicine audits were carried out monthly by the deputy manager as well as regular spot checks being completed to check correct processes were being followed by staff.

Risks to people's health and safety were well managed. There were risk assessments and management plans in place that identified potential risks and provided information for staff to help them avoid or reduce risks of harm to help keep people safe. Risk assessments covered areas such as mobility, skincare, nutrition, continence and falls. Staff had a good knowledge of people's identified risks and described how they would

manage them. Care plans showed that monthly reviews were undertaken by the staff to discuss and highlight any changes to the care and support needs of people they supported. Staff told us "People are very safe here, we are aware of how important it is for us to make sure we regularly complete a review of peoples safety. People's needs change all the time".

People were provided with equipment such as hoists which they needed to help with their comfort, mobility and independence. Records showed that appropriate maintenance checks were completed by the service.

Staff had received training in first aid and fire awareness and they knew how to call the emergency services when needed. We saw that a range of fire tests were completed each week by the maintenance person who kept their own file to record their findings in. The service undertook regular fire evacuation drills and people had individual evacuation plans in case of an emergency.

The service had contingency plans in place to deal with emergencies such as a loss of services due to severe weather and loss of power to the home, as well as other foreseeable incidents. We saw records that showed that safety checks of gas and electrical equipment were conducted regularly by external specialists.

All parts of the service were clean and hygienic. Cleaning schedules were in place and these were regularly checked to ensure they were effective. Hand gel and paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about their responsibilities for managing the spread of infection. Regular audits were completed to monitor infection control practices within the service.

Is the service effective?

Our findings

People were supported to eat and drink and to maintain a balanced diet. People told us that the food was lovely and there was always plenty of it. People commented "The food is very tasty here" and "The food is first class. I've even tried some new things to eat". One visiting relative told us "[my relative] eats like a horse. The food looks amazing. They take two plates of food over and ask [my relative] to choose which one they want".

Observations showed that lunchtime was a pleasant experience for people; they were relaxed, happy and chatting with staff and each other. Tables were set with appropriate equipment and condiments were available for people to use. Where people needed support to eat their meal, staff provided it sensitively giving them sufficient time to enjoy their food. Staff provided clear explanations and visual choices were appropriate. Meals looked balanced and healthy and people were given their choice of meals at the table or alternatives were made available if they did not like the options presented. An accurate record of meals served were kept. Where necessary people's food and drink intake had been recorded and their weight monitored to ensure that their nutritional intake was sufficient to keep them healthy. Each of the different lounge areas of the service had their own kitchen. Staff told us that having the kitchens enabled people to eat at any time of the day or night. We were informed that there were some people who would be awake during the night and preferred to have a meal or snack then. This showed that staff had a good understanding of how to meet people's personal eating and drinking preferences and routines.

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. New staff within the service completed a comprehensive induction programme before they were permitted to work unsupervised. One staff member said, "Training is really good. My induction gave me lots of new skills before I was even allowed to support people on my own". Staff were up to date with all the provider's essential training, which was refreshed regularly. Training was delivered through the use of workbooks, competency assessments, on line training and face to face training. New staff had also started working towards the care certificate. This is awarded to staff new to care work who complete a learning programme designed to enable them to provide safe and compassionate care.

Staff were supported with regular supervisions and team meetings. Supervisions provided opportunities for them to discuss their performance, development and training needs. One staff member said, "I find my supervisions are a chance for me to raise any concerns or where things are going well". Another staff member told us "Staff meetings are regularly held here. They are very helpful and we do have good streams of communication". The registered manager told us that communication was very important in helping the day to day running of the home and to make sure people received a good service.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They described that their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Staff had received training in the Mental Capacity Act, 2005 (MCA). It was clear through practice we observed that staff asked people for their consent before carrying out any activities and knew that they needed to assist people to make choices where possible. Care records we viewed demonstrated that peoples consent and ability to make specific decisions had been recorded in detail in their care plans. Records showed that consent had been sought from relatives in circumstances in which family or relevant others held Lasting power of Attorney (LPA) and could make a decision on someone's behalf. The registered provider had recently introduced a new pre admission assessment form which ensured that gathering information relating to LPA was classed as priority information. The registered manager and Area manager informed us that they were currently reviewing the use of their policy and procedure documentation to further evidence how more complex decision making is completed with people or their relevant others in their best interests.

The registered manager demonstrated that applications had been made to the local authority on behalf of people in relation to Deprivation of Liberty Safeguard (DoLS) authorisations. Staff were aware of people who lived at the service who were subject to DoLS and the reasons for any restrictions in place.

Records showed people accessed a range of health care services which included doctors, dentists, podiatrist, district nurses and the speech and language therapist (SALT). When we spoke to health professionals we received a positive response about the service and how they engaged with them. They told us "The staff are always friendly and polite and make sensible and practical decisions about what support people may require" and "The staff are always present during our visits. They make sure that the care records are updated with any actions we have suggested or taken. This is a well run service". Relatives told us "They recognised that [my relative] needed their drinks thickened and to have soft food because they started to have problems with swallowing. They involved the right professionals to assess them straight away".

People had access to a large bright central lounge area alongside the homely lounge and dining/ kitchen areas on Rosebank, Bluebell and Greenacres. There were a number of doors that were easily accessible to people and led out into a large garden space. Access to a variety of spaces within the service gave people the option of where they wanted to spend their time and with whom. One visiting relative told us "The building is so well designed. It's so spacious. [My relative] loves to walk around and there is always somewhere private for us to go when I visit. You never feel confined here".

Is the service caring?

Our findings

People were complimentary about the way staff treated them. People's comments included; "I like it here. I like the atmosphere" and "The staff are all nice. They joke with you. It is a nice place to live in". Family members and visitors told us that staff were helpful, informative and very caring towards the people who used the service. They said they had always been made to feel welcome. Family members' comments included; "The home is very good, they provide excellent care" and "I think the staff are marvellous. They are so obliging, nothing is too much trouble".

Interactions between the staff and people who used the service were positive and relaxed. Staff were knowledgeable and able to meet each person's needs. Staff were caring, kind and empathetic towards people and they were patient in their approach when assisting people. We saw staff alter their approach to meet the different needs of people supported. For example, one person who appeared very unsettled if they could not see staff in their immediate eye line. Staff continuously reassured the person and engaged in conversation with them as they were making them a drink. The person continued to shout for staff so they turned the person's chair to face the kitchen area where they were able to see them. The person appeared reassured by their presence. It was clear that staff were able to use their knowledge of the person to offer comfort and reassurance.

We saw that staff sought and acted on people's views and preferences. For example, one person preferred to spend time in another part of the building at lunchtime and staff respected their choice. Staff regularly spent time engaged in conversations with people, taking into consideration what interested people. We saw that care plans contained good information about people's likes, dislikes, personal history and important occasions in their life. Staff told us that knowing what interested people helped them to engage in conversation which created opportunity for social interactions. Staff were able to talk to us about the best way to engage with different people. They told us "I treat people how I would like my own family to be treated, with respect and dignity".

Staff treated people with dignity and respect and they were discreet when assisting people with their personal care needs. People received personal care in the privacy of their bedroom or bathroom with doors closed. Staff understood the importance of ensuring people's privacy was respected. Staff promoted personal choice and independence at all times by ensuring that people were involved in day to day decisions regarding their care and support.

We saw that each person had their own bedroom which they had personalised with items such as family photographs and their own ornaments. One person showed us a picture of where they used to live and another of their parents whilst telling us "I like my own bits and pieces around me, it makes it my home". The service had memory pictures in place outside of each person's bedroom door to help them find their way to their own bedroom. The registered manager told us "We encourage people to pick their own pictures for the frames. Some people don't want them and we respect their choice".

Visitors told us they were always welcomed at the service and offered refreshments. There were a number of

quiet private spaces where people and their visitors could go to enable them to have conversations without being overheard. One relative told us "I cannot think of [my relative] being happier anywhere else. The carers are magical. They sit with them in the lounge talking with them. They look around and see who needs company and they are there. There is never a bad word to say about this service". Another relative told us "We asked if we could join [my relative] for Christmas lunch. They accommodated eight of us in the family. It was a lovely atmosphere". We saw that relatives were welcomed and treated with the same respect as people who lived at the service.

Where people did not have family members to support them to have a voice, the registered manager had a good knowledge of how to access local advocacy services. The registered providers policy and procedures and service user guide contained information for people on how to access local advocacy services.

Is the service responsive?

Our findings

People received personalised care from staff who supported people to make choices. One person said "The staff help me to get up at 7 am because I don't like lying in bed all of the time and I choose to go to bed around 10pm and watch TV for a while. That's the routine I like". Care plans we reviewed showed that individual needs were being met and preferences or changes in care needs were openly discussed with people and/or their relevant others.

Care plans included detailed information and guidance for staff about how resident's care and support needs should be met. They contained information about people's medical and physical needs as well as emotional and spiritual needs. People's care plans were personalised and easy to follow and clearly explained how people should be supported to make choices. They included information about what a person could do for themselves and what support they required from staff. For example, a personal care plan advised staff to offer choices in relation to people having a bath or shower but required staff to prepare the bath or shower ready for the person's arrival. This showed that consideration to detail and consultation had been undertaken with the person and/or their relevant others when care plans were written. Staff told us, "The care plans are very person centred and we try to involve as much as possible". Records showed that at the end of each month a monthly review of care plans was completed by staff. We saw that an analysis of any events that had occurred during the month were reviewed and changes to care or support needs were clearly documented.

People were supported to participate in a range of social and leisure activities in line with their personal interests. We saw that on Bluebell, Rosebank and Greenacres units, people had access to a mobile library, music centres, newspapers and DVDs. During our visit we observed staff undertaking a variety of different engagements with people such as hand massages, reading books and singing. The activity board which was found in the main lounge area highlighted a daily activity that would take place for everyone to attend. On the day of our visit there was a singing entertainer in the afternoon and we saw people dancing and singing with their relatives, staff and other people who lived at the service. The registered manager and staff talked about the importance of people being engaged and active and how this affected their well-being. The service recognised that this was an important part of their daily support to people. Relatives told us "Each day there is something going on here. They always ask [my relative] if they would like to go out anywhere".

Records showed that there were a number of people living at the service for whom their religious beliefs were of significant importance. Staff told us that the service had regular support from the local chaplain and people were encouraged to continue with their faith. Through discussions with staff, information recorded in care plans and training records we saw it was clear that the service promoted equality and diversity in all aspects of care and support. Staff told us "Peoples' emotional well-being is important to us. It's important we get the right information and respect people for who they are".

We saw that residents and relatives meeting were held on a regular basis. The service had recently asked the local chaplain to chair the residents meetings so that people could speak to someone independent of the service. We saw minutes of meetings where people had suggested ideas for improvements to the garden and

also asked for people from different departments within the home to come along for a discussion. This meant that the registered provider was involving people in the future development of the service. Relatives told us "I have been to all the family meetings. It is good to be able to question things and build links with other families".

People who used the service were actively encouraged to raise any concerns. We viewed records where concerns had been acted upon and resolved quickly. The home had a complaints and compliments procedure in place. We saw a record of four complaints that the provider had acted upon and successfully concluded. A relative informed us "If I had a complaint I would speak to the senior carer, but I have never had to raise any concerns".

Is the service well-led?

Our findings

The service was well managed by a person registered with CQC. The registered manager, deputy manager and staff had a good understanding about their roles and responsibilities and displayed a positive commitment to providing good quality care for people.

There were clear lines of accountability and responsibility within the service. The service benefitted greatly from the management support in all aspects of administration and record keeping. The service maintained a robust and effective system for monitoring the quality of the service. Regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. The registered manager told us and the records confirmed that health and safety, medication, support plans and accidents and incidents had been checked monthly. These were completed within the registered providers identified timescales.

We viewed accident and incident reports and these were recorded appropriately and were reported through the provider's quality assurance system. Each accident or incident that occurred was reviewed with staff and a post incident analysis was completed. This enabled the service to identify what changes were needed to minimise the risk of an incident occurring again. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

We examined all the policies and procedures relating to the running of the home. Records we saw consistently incorporated the values of the service. An example of this was the dignity in dementia policy, which highlighted the importance of life history and communication. Records ensured that staff had access to up to date information and guidance.

Regular staff meetings had taken place within varied roles at the service. We saw minutes of senior care staff, care staff and domestic team meetings. Some of the areas that had been discussed included care practices, staff training, equipment and care planning. Staff told us that the registered manager regularly sought their views for development. This enabled the team to review, discuss and provide feedback on both positive performance and areas of development within the service.

Family members and visitors told us that they could speak with the managers as and when they wanted to. Staff and relatives had confidence in the registered manager and said that she was approachable and supportive. They said that she was always available and that she responded positively to any requests. We saw good relationships amongst the manager, people supported and visitors to the service. Staff told us "The manager is excellent at her job. It has changed completely since she started. There is a lovely atmosphere here" and "I feel supported by the management team. You can talk to them about anything. It is one of the best homes I've worked in. I'm very happy here".

The registered manager had a good awareness of her responsibility in line with the Health and Social care Act 2008. Providers are required to inform the Care Quality Commission of important events that happen within the service. Providers are required to inform the Care Quality Commission of important events that happen in the home. The registered manager had informed the CQC

of specific events the provider is required, by law, to notify us about and had reported incidents to other agencies when necessary to keep people safe and well.

Personal records were stored in people's own bedrooms when not in use. The managers had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.