

Amethyst Care Ltd

Mayfield Hall

Inspection report

Mayfield Hall
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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

Mayfield Hall is a care home that can accommodate up to 20 older people, some of whom had a diagnosis of dementia. At the time of our inspection there were 18 people living at the service.

We carried out this inspection on 20 December 2016. The service was last inspected in November 2013 and was found to be meeting the regulations.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "The service is as good as it can be. My mother is safe living at there."

We met with several people living in the service but most were unable to tell us their views about the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Comments from people and relatives included, "Staff are brilliant, very kind and patient", "They [staff] do look after me well here", "Staff are lovely" and "I have no complaints, staff are kind."

People were able to take part in a range of activities of their choice. Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. Relatives commented, "They always let me know if my father is unwell" and "My mother's health has greatly improved since moving into Mayfield Hall. There is good communication between staff and the district nurses."

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Where people did not have the capacity to make certain decisions the management and staff acted in accordance with legal requirements under the MCA. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Staff told us they felt supported by the management commenting, "They are very approachable", "Management are always around, and you can talk to anyone of them at any time" and "Management are great, the best home I have worked for."

Relatives described the management of the service as open and approachable and thought people received a good service. One relative told us, "The management are always available and very hands on, working in the service."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Management worked alongside staff, regularly providing care for people and this enabled them to check if people were happy and safe living at Mayfield Hall.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good ●

The service was well-led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team and with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Mayfield Hall

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 unannounced inspection took place on 20 December 2016. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices on the day of our visit. We spoke with the three owners, one of whom was the registered manager, four care staff and a visiting relative.

We looked at four records relating to people's individual care. We also looked at four staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. After the inspection we spoke with two relatives.

Is the service safe?

Our findings

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "The service is as good as it can be. My mother is safe living at there."

Due to people's health needs most were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

The service held money for people to enable them to make purchases for personal items and to pay for appointments such as the visiting hairdresser and chiropodist. We looked at the records and checked the monies held for three people and found these to be correct.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure ulcers. Manual handling plans gave staff clear guidance and direction about how to use the identified equipment to support people safely when assisting them to mobilise. Staff assisted people to move from one area of the home to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Mayfield Hall. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner.

On the day of the inspection there were three care staff on duty from 8.00am to 8.00pm and two from 8.00pm to 9.00pm for 18 people. In addition there was a domestic, the registered manager and the other two owners. One of the owners provided care for people most days from 7.00am to 3.00pm, so this meant there were four staff providing care on duty each morning. The registered manager and the other owner also

provided care and support for people. The registered manager told us there were staff vacancies which they were in the process of recruiting to. Until these posts were filled the management had taken the decision not to admit any new people into the service.

Management told us they monitored people's needs daily and made any adjustments to staffing levels as required. It was clear they knew everyone well and because they worked alongside staff they were aware of people's changing needs. For example, the times of one of the day shifts had recently been extended to finish at 9pm, to help the night staff, because some people needed additional assistance at the time. Staff told us they would always update the management if an individual's needs changed, including contacting them when they were not on duty.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Mayfield Hall. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. Staff recorded that creams had been applied in each person's daily care notes. However, the daily notes did not always specify what creams had been applied. We discussed this with the registered manager who explained they were in the process of implementing a MAR chart to be used for creams and assured us this would be put in place. Staff has received appropriate training in administering and managing medicines and weekly audits were completed one of the owners.

The environment was clean and well maintained. Records showed that manual handling equipment, such as hoists and bath seats, had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Most care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living at the service such as dementia awareness.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

New staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff, that are new to working in care, have initial training that gives them an adequate understanding of good working practice within the care sector. One member of staff told us, "I worked with one of the owners until I felt ready to work on my own and they were happy with my work."

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. Relatives commented, "They always let me know if my father is unwell" and "My mother's health has greatly improved since moving into Mayfield Hall. There is good communication between staff and the district nurses."

The service monitored people's weight in line with their nutritional assessment. Where people had unintended weight loss this was investigated. For example, as a result of losing weight staff had monitored the eating patterns for one person and found they did not like to eat after 3.00pm. Staff changed the pattern of this person's meals and provided them with their main meal during the morning and other smaller meals by mid-afternoon. This meant they had sufficient daily nutritional intake and were able to maintain a healthy weight.

Some people had their food and fluid intake monitored each day and records were completed appropriately by staff. Management checked these records to help ensure people ate and drank enough for their needs. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Each person had an individual diet sheet, kept in the kitchen; documenting special diets, likes, dislikes and specific requirements such as thickened fluids, pureed foods or adapted utensils. Where people needed assistance with eating and drinking staff provided support appropriate to each individual person's assessed needs. We observed the support people received during the lunchtime period. There was an unrushed and relaxed atmosphere and where people needed support to eat their meal staff provided the appropriate level of help.

We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 and hospitals are 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 were being met. At the time of our inspection the service had taken advice from the local authority on whether or not several people living at the service required a DoLS authorisation. The registered manager had been advised that there was no one living at the service that required a DoLS authorisation.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions. However, care plans did not record all of this information. After discussions with the registered manager and the other two owners we were assured that care plans would be updated to reflect each person's individual decision making abilities.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible. A relative told us they had discussed with management that their mother's wish was not go into hospital. The service arranged a meeting with them and the person's GP to discuss this and agree what action to take and in what circumstances. The relative told us they were assured by the process that took place and confident that their relative's wishes had been listened to and would be actioned.

The design, layout and decoration of the building met people's individual needs. Toilet and bathroom doors had been painted a different colour, to all other doors, to help people living with dementia independently use toilets and bathrooms. Corridors and doors were wide enough to allow for wheelchair access and there was a lift to gain access to the first floor, where some bedrooms were located.

Is the service caring?

Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Comments from people and relatives included, "Staff are brilliant, very kind and patient", "They [staff] do look after me well here", "Staff are lovely" and "I have no complaints, staff are kind."

Staff treated people like they were their own family, while still respecting that this was people's home and maintaining appropriate professional boundaries. People, who were able to verbally communicate, engaged in friendly and respectful chatter with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them. A relative commented, "It feels like a family environment." Staff were clearly passionate about their work and told us they thought people were well cared for.

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we saw staff assisting one person to move from their wheelchair into an armchair using a hoist. Staff were kind and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

The service promoted people's independence and encouraged people to maintain their skills. For example, staff supported one person to take part in domestic tasks such as cleaning ornaments. This activity was clearly something they enjoyed doing and had a calming effect on their mood. We saw other examples during lunchtime of staff cutting up people's food and providing plate guards to enable people to eat independently.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at Mayfield Hall had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example, a care worker said, "When helping people to get dressed we offer them a couple of choices of clothes, so they are not overwhelmed, and this means they can make their own decisions."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as

furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. Relatives told us, because the owners were so visible in the service, they spoke with them regularly and were kept informed of any developments in the service

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the communal areas or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Mayfield Hall. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves. Their care plan stated, "[Person's name] needs staff to provide help with personal care but they can wash their own wash and hands with some prompting."

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers. One member of staff said, "Daily handovers are good. We are told about each person and whether they are eating or are unwell."

Some people living at the service could display behaviour that was challenging for staff to manage, especially if they became anxious. Staff were provided with information on how to support people to manage any changes in their behaviour and understand what might trigger their anxiety. For example, the care plan for one person stated, "When [person's name] says 'I don't know' this means they are getting agitated about being asked questions. Stop talking and wait for them to initiate a conversation when they are ready and calmer."

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and management would regularly talk to them about their care.

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The registered manager and the other owners were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Mayfield Hall.

People were able to take part in activities of their choice. Staff facilitated a different activity each afternoon such as ball games, quizzes and craft work. External entertainers provided regular music and singing sessions. Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. However, people and their relatives said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The service was jointly owned by three people, one of whom was the registered manager. The three owners were visible in the service every day as they provided hands on care and support for people.

Staff told us the service was well-led and staff were highly motivated and keen to ensure the care needs of people they were supporting were met. Staff told us they felt supported by the management commenting, "They are very approachable", "Management are always around, and you can talk to anyone of them at any time" and "Management are great, the best home I have worked for."

Relatives described the management of the service as open and approachable and thought people received a good service. Relatives told us, "The management are always available and very hands on, working in the service" and "The owners have been very supportive and helped me to adjust when my mother moved into the home."

There was a positive culture within the staff team and it was clear they all worked well together. Staff told us morale in the team was good. One staff member said, "We have a good solid team. Although we have had staff leave these gaps are always filled by the management." The registered manager told us there were staff vacancies for one full-time and one part-time care worker. While the service was actively recruiting to these vacancies they had found it difficult to find suitable candidates. The registered manager explained the owners had taken the decision to only recruit staff that fitted with the existing staff team and the culture of the service, even if that meant being short staffed. A relative confirmed, "They [the service] choose really good staff."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager carried out audits of falls, medicines, and care plans. Management worked alongside staff, regularly providing care for people and this enabled them to check if people were happy and safe living at Mayfield Hall. By actively working in the service management were able to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and one-to-one supervisions.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. The answers to all of the questions about the service were rated as good or excellent. Where suggestions for

improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.