

Mayfield Rest Home Limited

Mayfield House Care Home

Inspection report

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13 June 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 31 January and 2 February 2017; at which a continuing breach of a legal requirement was found. Improvements made to staff recruitment files had neither been sustained, nor embedded into practice, nor had safe recruitment practices always been followed. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014. We issued the provider with a warning notice which they were required to meet by 09 June 2017. We undertook a focused inspection on the 13 June 2017 to check that they were now meeting this legal requirement and assessed the provider's progress in relation to other areas in the key question of safe.

This report only covers our findings in relation to the key question of safe. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Mayfield House Care Home' on our website at www.cqc.org.uk.

Mayfield House Care Home is registered to provide accommodation and support to 12 people who have a learning disability. At the time of the inspection there were five people living there.

The service had 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.

People told us they felt safe living at the service.

At our focused inspection of 13 June 2017, we found legal requirements in relation to the safe recruitment of staff had been met. People were safe as they were cared for by staff whose suitability for their role had been assessed. However, it will take further time for the registered manager to be able to demonstrate that these improvements have become embedded and sustained over time.

There were sufficient staff to meet people's care needs. Arrangements were in place to ensure additional staff could be called upon to work if required for people.

The registered manager had arranged for new staff who had not yet attended safeguarding training to do so. Staff had access to both the provider's and multi-agency safeguarding policies to provide them with written guidance about safeguarding people from the risk of abuse. Staff spoken with understood their role in protecting people from the risk of abuse. It will take further time for all staff to complete their safeguarding training.

Risks to people had been identified and written guidance was in place for staff regarding how these were to be managed to ensure people's safety.

Processes were in place to ensure people's medicines were managed safely by trained staff. Further time is required to ensure all relevant staff have undertaken a medicines competency assessment to check their competency at administering people's medicines safely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

The provider was meeting legal requirements in relation to ensuring that fit and proper persons were employed to work with people and there was written evidence of the recruitment checks completed.

There were sufficient staff to meet people's care needs.

Staff had access to written safeguarding guidance and were due to undertake or refresh their safeguarding training; this will take further time to complete.

Risks to people had been identified and managed to ensure their safety.

Processes were in place to ensure people's medicines were administered safely by trained staff. Further time is required to ensure all relevant staff undertake a medicines competency assessment.

Whilst some improvements had been made we have not revised the rating for this key question as further improvements are required.

We will review our rating for safe again at the next comprehensive inspection.

Requires Improvement 

Mayfield House Care Home

Detailed findings

Background to this inspection

We undertook a focused inspection of Mayfield Rest Home Limited on 13 June 2017. This inspection was completed to check that the provider had taken the actions required to meet legal requirements in relation to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 following our comprehensive inspection on 31 January and 2 February 2017. We inspected the service against one of the five questions we ask about services: is the service safe.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the service and received written feedback from a Social Services team manager.

During the inspection we spoke with two people. We spoke with two care staff, the registered manager who was also the provider and their partner who supported them with the service.

We reviewed records which included two people's care plans, three staff recruitment records and records relating to the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. Their comments included: "They make sure we are safe." "Yes, we have enough staff" and "We get our medicines when we need them."

At our comprehensive inspection of Mayfield House Care Home on 31 January and 2 February 2017 we found that improvements made to staff recruitment files had not been sustained or embedded into practice, nor had safe recruitment practices been followed. This was a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning notice which they were required to meet by 09 June 2017. We also assessed the provider's progress in relation to other areas in the key question of safe.

At our focused inspection of 13 June 2017 we found that the provider had taken action to meet the shortfalls in relation to the requirements of Regulation 19 as described above. Staff told us and records confirmed they had undergone the required recruitment checks as part of their application for their post and these were documented in their records. These included the date they completed full time education and a full employment history. Where applicants had a gap in their employment history they had been required to provide a satisfactory written explanation. Staff files contained evidence of suitable references in order to demonstrate their satisfactory conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was also a written record of applicant's interview for their role.

The registered manager told us that where applicants had not been able to provide all of the required evidence, they had suspended their recruitment pending provision of the necessary information to ensure people's safety. Records showed that staff were only employed and rostered when their pre-employment checks had been completed. There was a staff recruitment and selection policy dated March 2017 in place; to provide guidance in relation to the recruitment of staff. People were safe as they were cared for by staff whose suitability for their role had been assessed. However, it will take further time for the registered manager to be able to demonstrate that these improvements have been embedded and sustained over time.

The registered manager told us if everyone was in the service during the day then there were two care staff on duty. They said the staffing level provided changed according to what people's needs were on different days, which records confirmed. The records also showed that each day there was a member of staff allocated to be 'on-call' in case a need for additional staffing arose that day. There were sufficient staff to meet people's care needs.

Records showed three of the seven staff needed to complete their safeguarding training, two of these were new care staff to the service and one was a domestic. The registered manager told us they been trying to book this training; following the inspection they provided evidence this had been arranged for 27 June 2017. We spoke with two care staff one of whom had completed the provider's safeguarding training and one of whom had undertaken safeguarding training in a former role. Both understood their role and responsibility

to safeguard people and were clear that they would report any safeguarding concerns to the registered manager in the first instance. Staff had access to the provider's safeguarding policy dated March 2017 and the multi-agency safeguarding policy in the event they needed to access written guidance. The registered manager had made arrangements for all staff to undertake or update their safeguarding training. However, it will take further time for this to be completed and for them to be able to demonstrate that these improvements have been embedded and sustained.

People had an overview of their individual risks in their care records to provide staff with brief information about the risks to them. Their support plans and risk assessments then provided further details about the potential risks to people, for example, in relation to their: mobility, falling, staff support, health conditions, choking and behaviours. Staff told us they had read people's care records and were familiar with the risks to people and how these were managed. People's records contained Emergency Evacuation Plans (PEEP) which documented how people would be evacuated in the event of an emergency. Risks to people had been identified and written guidance was in place for staff regarding how these were to be managed to ensure people's safety.

Maintenance and safety records for the service demonstrated that fire, electrical, gas and equipment safety checks had been completed as required to ensure people's safety.

There were medicines policies in place dated May 2017 to provide staff with written guidance about the safe management of medicines within the service. Staff who administered people's medicines had undertaken relevant training. The registered manager told us two staff had undertaken medicines competency assessments but that they still needed to have their medicines competency assessed and they were making arrangements to complete this. It will take further time to complete all staff medicine competency assessments.

People had medicines profiles which outlined their support needs in relation to their medicines. There was guidance for staff regards the administration of 'as required' and 'over the counter' medicines for people. The administration of people's medicines was documented on their medicine administration records which were checked for completeness by the registered manager.

People's medicines were stored securely and safely. The temperature of the cabinet where medicines were stored was monitored daily. When people commenced topical creams or eye drops for example, the registered manager marked the container with the date they were opened. This ensured staff had a record of when these medicines were opened and could then identify when they needed to be disposed of for people's safety.