







Quantum Care Limited Mayfair Lodge

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?	Requires improvement	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection took place on 13 July 2015 and was unannounced.

Mayfair Lodge provides accommodation and personal care for up to 62 older people. The service is not registered to provide nursing care. There were 56 people accommodated at the home at the time of this inspection.

We last inspected the service on 19 August 2013 and found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have

Summary of findings

capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Mayfair Lodge and some were pending an outcome.

People felt safe living at Mayfair Lodge. Staff knew how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner. The manager operated robust recruitment processes which helped to ensure that staff members employed to support people were fit to do so. There were suitable arrangements for the safe storage, management and disposal of people's medicines, including controlled drugs.

Staff had the skills and knowledge skills necessary to provide people with safe and effective care and support. Staff received regular support from management which made them feel supported and valued.

People were supported to make their own decisions as much as possible. People received support to eat and drink sufficient quantities. People's health needs were well catered for because appropriate referrals were made to health professionals when needed.

All people we spoke with were complimentary about the care and kindness demonstrated by the staff team. Staff were knowledgeable about individual's needs and preferences and people were involved in the planning of their care where they were able. Visitors were encouraged at any time of the day and people's privacy was promoted. We observed sensitive and kind interactions between staff and people who used the service however, we also noted some interactions on one unit in the home which did not promote people's wellbeing and dignity.

There were arrangements for activities and stimulation in the home, seven days a week. This provision was under development at this time to increase the opportunities for people to become further engaged. There were arrangements in place to facilitate feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and satisfied that they would be listened to.

There was an open culture in the home and relatives and staff were comfortable to speak with the manager if they had a concern. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People were supported by staff who had been safely recruited.

Support staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Good



Is the service caring?

The service was not always caring.

People's well-being and dignity was not always promoted.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Requires improvement



Is the service responsive?

The service was responsive.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Good



Is the service well-led?

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements to monitor, identify and manage the quality of the service.

Good



Summary of findings

The atmosphere at the service was open and inclusive.	
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Mayfair Lodge

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 met 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 under the Care Act 2014.

This inspection took place on 13 July 2015 and was unannounced. The inspection team was formed of two inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff support people who used the service, we spoke with eight people who used the service, six care staff, three unit managers, the registered manager and two members of the provider's senior management team. We spoke with four relatives to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services. We also 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 reviewed care records relating to seven people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe living at Mayfair Lodge. One person said, "I feel really safe here." Another person said, "I am safe here. They take all my concerns and worries and make them happiness." A visitor told us they had, "Complete confidence that [Relative] is safe as houses here."

We spoke with staff about protecting people who lived at the service from abuse. All the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had. One staff member said, "We have refresher training to make sure we know what to do." This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred.

We found that risks to people's health and well-being had been identified and management plans were available in the care records. We saw risk assessments were thorough and areas assessed included falls, moving and handling, ability to use call bells, pressure area care, and nutrition. The risk management plans were routinely reviewed to ensure the management strategies continued to effectively reduce or minimise the risks. We noted that some people used stair gates across the doors to their bedrooms. They told us this was because they wanted to have their bedroom doors open but wanted to deter people from entering their rooms uninvited. People were able to show us that they could open the gate easily themselves. We noted that the use of stair gates in this manner had not been formally risk assessed. We discussed this with the manager who undertook to conduct risk assessments without delay.

A person who used the service said there were some times they had to wait a few minutes for the support they needed to go to the toilet, they said this was, "Not too often but

when the staff are busy." Relatives of people who used the service told us that they felt there were enough staff available to meet people's needs. One person said, "There is always someone about to help if needed." During the course of the inspection we noted that call bells were responded to in a timely manner and that people's needs were met. We noted that the atmosphere throughout the home was calm.

We reviewed recruitment records for two staff members and found that safe and effective recruitment practices were followed to ensure that staff did not start work until satisfactory employment checks had been completed. Staff we spoke with confirmed that they had to wait until the manager had received a copy of their criminal record check before they were able to start work at the home. This helped to ensure that staff members employed to support people were fit to do so.

People had individualised emergency evacuation plans which were clearly identified in the care records. Staff were able to describe procedures to be followed in the event of an emergency, for example a fire.

There were suitable arrangements for the safe storage, management and disposal of people's medicines. We observed a staff member encouraging people with their medicines, going at their pace and without rushing them. We heard staff explaining the medicines to people as they gave them. For example, "That's a chewy one" and, "Here are three tablets for you, two are quite big and one is little." Staff told us they had received medicines training and records confirmed this. Each person had a medicine administration record (MAR) in their name with associated photograph to ensure staff could identify that person correctly prior to administering their medicines. This helped to ensure that people received their medicines safely.

Is the service effective?

Our findings

People who used the service told us they thought the staff carried out their roles well. One person said, "The staff are okay, I think they are trained enough to provide care." Another person said, "The girls are smashing, they are really well-trained." Relatives of people who used the service told us that they felt the staff understood people's needs well and had the skills necessary to care for people. Representatives from the local authority social working team told us that people who used the service received effective care to meet their needs. One person told us, "The people I have reviewed appeared well looked after – their clothing tended to be coordinated, and they looked well groomed. People always appeared to be hydrated with drinks always been on hand."

People were looked after by staff who had the knowledge and skills necessary to provide safe and effective care and support. Staff told us that they received the training they needed to support them in their roles which we confirmed during our inspection. New staff members were required to complete an induction programme and were not permitted to work unsupervised until assessed as competent in practice. We found that all staff members received regular supervision from a line manager and staff told us they were able to discuss any aspect of their role with seniors which made them feel supported and valued. One staff member told us, "Quantum are fantastic to work for and the manager is very supportive. They give me the opportunity to be involved in additional areas that will make me care better. For example catheter care and pressure area care."

We saw that staff communicated with people and gained their consent prior to support being provided and gave people time to respond and express their wishes. Staff told us that they always asked people's consent to personal care. They said they had received training about the MCA 2005 and DoLs and that they understood what it meant. The manager told us that this training was now included in the Quantum Care staff induction package. Staff were able to describe how they supported people to make their own decisions as much as possible. We saw that records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. The best interest

decisions had involved healthcare professionals and family members and had addressed areas such as people not being able to go out alone because they lacked insight into danger.

The manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Mayfair Lodge and were pending an outcome.

People gave us mixed feedback about the food provision at the home. Some people told us that they enjoyed the food and that there was a good choice of meals whilst others were less enthusiastic. For example one person told us, "The choice of food could improve, we have mashed potatoes every day. The sausages and onion gravy is nice but the menu is a bit tedious." We discussed this with the management team who told us that the organisation was in the process of involving people who used the service in various Quantum Care homes in some 'taster' sessions to support the development of menus. The chef told us that there was always a choice of two main meals available daily and alternatives were provided to accommodate individual choices.

Where people had been assessed as being at risk from inadequate nutritional intake, we saw that dieticians and speech and language therapists (SALT) had been consulted to help ensure people ate and drank sufficient quantities. Records of food and fluids consumed were maintained and kitchen staff told us of the steps they took to fortify people's calorie intake by adding cream and butter for example.

People's health needs were well catered for. We saw that chiropodists, dentists and opticians visited the home when people needed them and people had easy access to their GP. A person told us, "The doctor comes here once a week; you can make an appointment to see him. If you wish." Relatives told us that they were satisfied with the health care people received. We noted that referrals had been made to external health care agencies. For example, we noted that a person had received support from a mental health consultant and a district nurse.

Is the service caring?

Our findings

People were very complimentary about the care they received. One person said, "The staff are kind and compassionate." Relatives were also positive about the way in which care and support was provided. One relative told us, "They are a smashing bunch; they will do anything they can to make life better." Another relative said, "The staff are lovely, I can't think of enough nice things to say." Representatives from the local authority health and community team told us that they thought people were well cared for at Mayfair Lodge. One person said, "They put the needs of their residents first and work to support them as best as they can." Another person told us, "The staff are very caring and kind and this stands out."

We observed sensitive and kind interactions between staff and people who used the service. For example we observed one interaction when a person became anxious at the breakfast table. A staff member knelt down beside the person and gently reassured them that the toast on the plate had been made especially for them and encouraged them to continue eating it.

However, we also noted some interactions on one unit in the home which did not promote people's wellbeing and dignity. For example, a person was dozing before lunch when a staff member approached them and put a clothes protector on over the person's head with no interaction. The person woke with a start and was clearly disconcerted by this incident. We also saw examples on this unit where staff members were talking amongst themselves whilst assisting people to eat instead of interacting with the

person. We discussed this with the management team who were able to re-assure us that this had been identified during a recent provider's audit and an action plan had been developed to address this area of poor practice.

Staff were knowledgeable about people's individual needs and preferences in relation to their care and we saw that people were involved in discussions about their care. We noted that staff gave people enough time to respond and then acted upon the choices people made. Throughout the course of the inspection we heard staff provide people with choices about what they wanted to eat and drink and where they wished to sit in the dining room and lounge areas.

A person who used the service told us, "They do involve me with my care planning to make sure it meets my needs." Where people lack the capacity to contribute to their plan of care we saw that family members had been involved. We noted that a document called, "all about me" had been incorporated in the development of care plans and contained details of individuals' needs, preferences, likes, dislikes and interests.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. We saw from the communications log that information was regularly passed to and from relatives to ensure they were kept up to date with events surrounding people.

People told us that staff knocked on doors before entering their bedrooms, and we saw staff knock on doors and allow people time to respond before they entered. When people required support with using the toilet or personal care needs, they were supported discreetly to ensure they received support in private and with their dignity intact.

Is the service responsive?

Our findings

Relatives told us that they thought there was plenty of activity and stimulation arranged for people who used the service. A senior staff member told us that there were many activities undertaken in the home such as ballgames, some people like to walk about and on a nice day people went into the garden. People who used the service and were able to share their views with us were less enthusiastic with one person saying, "I read, I do puzzles. Nothing extra is offered." Another person told us, "I hate this sitting around, how boring can it get?"

We found that there were arrangements for activities and stimulation in the home, seven days a week. However we noted that these were generic in nature with no engagement or stimulation centred on people's individual needs. For example exercise sessions, singalong, quizzes, coffee mornings, word games and Sunday service. A staff member told us, "All people's basic needs are met, but there isn't time to read the news headlines or have a singsong. Its task orientated, there is no time to say come on let's feed the birds." We discussed this with the management team who were able to show that this was an area that had been identified for improvement through feedback from people who used the service and their relatives. The action plan showed that unit managers have been tasked with consulting people on their units in order to develop activities programmes of 30 minutes meaningful occupation based on people's hobbies and interests. Care staff were to be coached and encouraged to deliver the devised activities and including the people who choose to remain in their bed rooms. All staff, including housekeepers

have been tasked to include people in everyday occupation around the home. This is intended to take place in addition to the existing schedule of planned activities and the action had a planned completion date of 30 July 2015.

Care was centred on the needs of individuals. People's care plans addressed all areas of their lives and we noted that their views were sought in creating the care plans to reflect their individual preferences and needs. Where this was not possible we found that people's relatives had been involved. We observed interactions by staff with people who used the service and found that the interventions described in the care plans were put into practice by staff. We saw that staff responded to people in an individualised manner and it was clear when we asked the staff that they knew what the people's needs were.

The manager had arrangements in place to support people and their relatives to share their views and talk about any improvements they would like. We saw that these views were taken into account and acted upon. For example the need for more activities and stimulation had been identified through feedback from relatives and an action plan had been developed to bring about improvements in this area as a result.

People told us they would be confident to raise anything that concerned them with staff or management. The manager told us that there had been no complaints received at the home. The manager maintained a record of issues raised verbally in a 'grumble book' in order to be able to have an overview of any trends or patterns that may emerge.

Is the service well-led?

Our findings

People who used the service, their relatives and staff members told us they thought that the home was well-led. They told us that the home manager was approachable, supportive and demonstrated strong, visible leadership. One person said, "Jackie is the manager, she said she is always available if I want to speak." Representatives from the local authority health and community services team told us they found the management team at Mayfair Lodge to be, "Open, honest and transparent."

The provider had a range of systems in place to assess the quality of the service provided in the home. These included regular quality monitoring visits undertaken by members of the provider's senior management team. We found that the provider's quality monitoring systems were effective in identifying areas that required improvement. For example an area of poor practice around people's meal time experiences and dignity had been identified during a recent provider's audit. The action plan showed that senior staff had been tasked to undertake specific meal time observations and feed back to care staff areas for improvement and highlight good practice immediately following the observation. The home manager and deputy were also tasked with undertaking weekly meal time observations to monitor the progress.

The manager undertook a wide range of audits, checks and observations designed to assess the performance all aspects of the service delivery. These included areas such as medicines, care planning and delivery, health and safety, the environment, accidents and incidents, complaints, infection control and mealtimes. Information about the outcomes of these checks, together with any areas for improvement identified, was reported to the provider each month with details of actions taken and progress made.

The manager shared with us a report of a quality monitoring visit undertaken in June 2015 by representatives from the local authority Adult Care Services. The home had achieved an overall score of 94.6% with no areas of serious concern identified. In the section for management, staff deployment and quality assurance systems the service had achieved 100%.

The manager facilitated meetings held with people who used the service and their relatives and survey questionnaires were distributed to people who used the service, their relatives, external stakeholders and staff. The manager also told us that she held regular surgeries with family members to explore any concerns or compliments they had about the service provision. A relative told us that the manager was responsive to any concerns raised with her. For example, the relative had raised a concern with the manager that two agency staff had been on duty on one unit over a weekend and this had a negative impact on the attention that people had received. The relative said that this had not happened again as a result of bringing it to the manager's attention.

The manager had developed links with professional support organisations that offer additional training, development and improvement opportunities for both staff and the service as a whole. These have included participation in an infection control programme sponsored by the local authority and a community based 'dementia friends' initiative.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.