

Farrington Care Homes Limited

The Mayfield

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Mayfield is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 23 people in one adapted building.

People's experience of using this service and what we found

We were not assured the provider had fully managed potential risks to people living at the home. One person's individual risk assessment and care plan had not been updated to reflect their current needs. We found gaps in the records for weekly testing of the home's fire alarm system. The home's laundry room was left unlocked and unstaffed during our inspection which meant there was a risk people could access laundry and other hazardous materials and liquids. We observed gaps under three fire doors that had not been identified by the provider's recent fire risk assessment.

People's medicines were safely stored and administered to people at the correct time. Staff wore appropriate personal protective equipment (PPE) in accordance with current guidance for care homes. The provider was in the process of reviewing and updating people's individual risk assessments. They had developed a risk assessment to ensure people's safety was maintained during a refurbishment of the home.

The provider had carried out pre-recruitment checks on staff to ensure they were suitable for their roles. Staffing at the home was sufficient to meet people's needs at the time of this inspection. The provider had deployed additional staff to ensure people were fully supported during the home's refurbishment. Staff received training in a range of mandatory areas, and this training was refreshed annually.

People's individual needs were assessed prior to their moving to the home. The provider had a policy of regular reviews of care plans and risk assessments. However, we found these were not always updated to reflect people's needs. People's care plans and risk assessments were being reviewed and updated at the time of our inspection, but this work had not yet been completed.

People received support with their health care needs, and we saw recorded evidence of health appointments and referrals. Professionals such as GPs and district nurses regularly visited people living at the home. People ate a healthy diet and were able to choose their meals. Cultural and specially prepared foods were provided to people where they required this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to monitor the quality of care and safety of the service provided to people. However, this had not always identified and acted on potential risks to people. At the time of our inspection the provider was working to improve the quality of their monitoring of the home.

People and their relatives told us they were satisfied with the care and support they received. They spoke positively about the registered manager and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 6 July 2021).

Why we inspected

We received concerns received in relation to safety, hygiene, record keeping and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Mayfield on our website at www.cqc.org.uk.

Enforcement

We have identified one breach in relation to the management of risk.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Mayfield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Mayfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Mayfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home, two relatives and six staff members including the registered manager, the new deputy manager, three care staff and the chef. We also spoke with a director and an area manager who was providing support to the service. We observed meals and activities taking place in the communal areas. We looked at four care records, multiple medicines records and five staff files in relation to recruitment and staff supervision. A range of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not assured the provider was fully assessing and managing risk and safety to people.
- People's individual risk assessments had not always been updated to reflect their current risks and needs. A person's care plan and risk assessment stated they were able to eat a 'normal diet'. This was dated 13 March 2017. There was a record of care plan and risk assessment reviews that specified the person now ate a pureed diet due to eating and swallowing difficulties, However, the person's care plan and risk assessment had not been updated to reflect a change in their dietary needs.
- The records of weekly fire alarm tests showed these had not been carried out between 1 August and 12 September 2022. This meant the provider could not be assured the alarm system was working in the event of a fire.
- The home's laundry room was not locked and was unattended, despite a notice on the door reminding staff to lock it when not in use. This meant there was a risk of people entering the laundry room and accessing cleaning laundry fluids and other hazardous materials.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the first day of our inspection we saw a gap below a fire door. We pointed this out to the registered manager and when we returned to complete our inspection, we noted this had been addressed. During the second day of our inspection we observed there were gaps below a fire door to the communal area and a person's bedroom. Following our inspection, the provider advised us the gaps below the fire doors were due to the replacement of flooring at the home. This work was taking place during our inspection and the provider assured us the gaps were closed immediately the flooring was replaced.. The provider had commissioned an independent fire risk assessment on 11 June 2022. We noted this had not identified gaps under fire doors that could create an increased risk of fire spreading.
- During our inspection people's individual care plans and risk assessments were being reviewed and recorded in a new, more accessible format.
- We saw a refurbishment of the communal area was taking place at the home. The provider had developed a risk assessment to ensure people were not unduly distressed or harmed by this. We observed risk to people was minimised and additional staffing had been provided to support people where required.
- The provider had ensured appropriate checks and tests of, for example, gas and electricity safety and portable appliances had been carried out.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from harm or abuse.
- Staff had received training on safeguarding adults. They understood their responsibilities in ensuring that people were protected from the risk of harm. They knew the importance of immediately reporting any concerns or suspicions of harm or abuse.
- The home maintained a record of safeguarding concerns.
- People and their family members told us that they had no concerns about safety at the home.

Staffing and recruitment

- Staff were recruited safely. The provider had carried out checks of references and criminal records to ensure that new staff were of good character and suitable for the work they were undertaking.
- Staff members received an induction when they commenced working at the home. This was linked to the Care Certificate which sets out a nationally recognised set of competencies for staff working in social care services.
- We saw there were enough staff on shift to support people's needs. Call bells were responded to promptly.
- Additional staffing had been provided to ensure that sufficient support was available to people during the renovations that were being carried out at the home.

Using medicines safely

- People's medicines were securely stored and maintained at safe temperatures.
- Information about the medicines that people were prescribed was included in their care records. Staff had guidance on when and how to give people 'as required' medicines, for example, for the relief of pain.
- Medicines administration records (MARs) were accurately completed.
- Staff had received training in medicines administration. The registered manager had carried out assessments of staff competency in administering medicines.
- We observed a staff member administering medicines. They followed good practice guidance in relation to security and recording of medicines and knew why people's medicines had been prescribed. They spoke with people about what the medicine was, offered a drink of choice, and checked people were comfortable with taking their medicine.
- Regular audits of medicines management and administration had taken place.
- The provider's policies and procedures covering the safe administration of medicines were up to date and reflected good practice guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People received visitors in accordance with current government guidance. The family members we spoke with told us they had recently visited the home.

Learning lessons when things go wrong

- The provider maintained incident and accident records. There was evidence that incidents were discussed with staff to ensure improvements were made.
- At the time of our inspection the provider was responding to concerns raised by a commissioning local authority. As a result, they had recruited a new deputy manager and provided support to the registered manager to improve the quality of record keeping at the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences had been assessed before they moved to the home. The assessments were used to develop people's care plans.
- People's care plans and assessments were person-centred and contained guidance for staff on how care and support should be provided in accordance with people's wishes and preferences. During our inspection care plans and assessments were in the process of being updated. However, we found the care plan for one person was out of date and did not include information about their current needs. The registered manager amended and updated the care plan following our inspection.
- A person told us that they made choices in their daily life and their care and support was provided in accordance with their personal choice.
- Family members told us that they felt involved in their relative's care and support.

Staff support: induction, training, skills and experience

- New staff had completed an induction when they started work to familiarise them with the home and with people's care and support requirements. All new staff completed training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff members received the training that they required to carry out their roles effectively. Core training was 'refreshed' on an annual basis to ensure that staff knowledge was up to date. Staff training had included safeguarding adults, infection control, moving and handling, falls prevention, and dementia awareness.
- Staff told us they felt supported by the registered manager. They received regular supervision where they could discuss quality and practice issues in relation to their work. Annual appraisals of their performance and development had also taken place.
- Staff demonstrated a good understanding of people's needs. They were knowledgeable about people's individual needs and preferences. We observed staff engaging with people in a kind and professional way.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a nutritious diet. The home's chef was knowledgeable about people's eating and drinking needs and preferences. Regular meals were provided along with drinks and snacks that were offered to people throughout the day.
- One person's care plan and risk assessment had not been updated to reflect changes in their needs. However, the chef and catering staff were aware of the person's current needs and provided them with suitable soft textured foods.

- Meals were prepared according to people's cultural and religious preferences. For example, cultural vegetarian food was provided to people of Asian origin.
- People told us they enjoyed the food at the home. We observed they were offered choices at mealtimes if they preferred to eat 'off-menu'. One person told us, "The food is very good. There are plenty of things I like to eat."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff had liaised with other health and social care services to ensure that the care provided was consistent, effective and timely.
- People's records showed referrals had been made to appropriate healthcare professionals when they displayed symptoms of ill health. We saw evidence that the outcomes of health appointments were followed up by staff.
- The registered manager told us that any significant changes in people's needs were reported to their social worker so that a review of care could take place.
- During our inspection one person was being visited by their independent advocate.

Adapting service, design, decoration to meet people's needs

- The home is based in an older building with limited potential for adaptations to ensure that it is fully accessible to people with mobility impairments. However, all the communal areas were on the ground floor along with some accessible bedrooms. A stair lift had been installed to assist people who had difficulty managing stairs. Signage was in place on some doors to assist people with dementia with orientation.
- The provider had commenced a programme of improvements to the home, but this had been disrupted by the COVID-19 pandemic. When we inspected, improvement works had recommenced. The communal areas were being redecorated, as was the outside of the home. The registered manager showed us a recently refurbished bedroom. They told us all bedrooms would be redecorated and refurnished, but this was a gradual plan to reduce disruption to people living at the home.

Supporting people to live healthier lives, access healthcare services and support

- People's care records showed they were supported to access healthcare services and support. We saw evidence that GP and other health appointments had been made for people who required these.
- A local GP regularly visited the home to review people's needs. District nurses also visited to provide ongoing support where people had nursing needs.
- People had received regular COVID-19 testing. The registered manager had arranged for a GP practice nurse to visit the home to ensure people were up to date with their COVID-19 vaccinations and boosters.
- The majority of people living at the home did not go out regularly. However, activities, including seated exercises took place. During our inspection we observed staff supporting a person to take a walk in the garden. The registered manager told us that a full range of activities had not taken place during the COVID-19 pandemic, and activities, including outings were now being re-introduced.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA.
- People's care plans included assessments of their ability to make decisions. The care plans described the decisions that people had difficulty in understanding along with those they could make for themselves.
- Up to date DoLS authorisations were in place for the people who lived at the home. These were not subject to any restrictions. The registered manager demonstrated there was a process for applying for new DoLS authorisations for people before the current ones expired.
- People's relatives and health and social care professionals involved with their care had been consulted in making best interest decisions where required, for example, in relation to the use of bedrails.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The provider's quality assurance systems had not always identified and addressed concerns. See our findings in 'Safe'. Although a range of quality assurance checks had taken place these had not always identified gaps in record keeping and monitoring of safety.
- The provider had taken actions to address concerns about quality monitoring raised during a local authority monitoring visit. However, these had not been completed at the time of our inspection.
- The provider had recruited a new deputy manager to ensure service quality was maintained in the absence of the registered manager. Staff members understood their roles and responsibilities in maintaining quality, risks and meeting regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although we identified gaps in the provider's quality monitoring systems, people and their family members spoke positively about the support provided and the outcomes that were achieved.
- People told us they had been informed about the refurbishment of the home that was being carried out during our inspection. This was confirmed by the notes of meetings we viewed.
- Care staff also spoke positively about the management of the home. They told us they received the training, information and support they needed to carry out their roles.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had sent notifications to the CQC about care matters as required by legislation.
- The home's records showed that incidents or concerns were promptly reported to the commissioning local authority and other key professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their family members had been asked for their views about the care provided at the home.
- Staff working at the home were able to communicate with people whose first language was not English.
- People's care records included information about their communication needs, along with guidance for staff on how to meet these.

- A family member said, "[Registered manager] is very good at letting us know what is going on with [relative]." Another family member told us, "We have been involved in reviews about [relative]."

Working in partnership with others

- The provider worked in partnership with health and social care professionals to ensure people's needs were met.
- People received support from other professionals, such as district nurses, speech and language therapists and physiotherapists.
- People's care records showed the provider had made referrals to specialist services where a need had been identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12: (1)(2)(a)(b)(e). The provider had failed to ensure people's risk assessments reflected their current risks. The provider had failed to ensure checks had taken place in relation to the safety of the environment,