

Mayfair Residential Home Limited

# Mayfair Residential Home Limited

## Inspection report

Marine Road East  
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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

What life is like for people using this service:

We received consistently positive feedback from people about Mayfair Residential Home. People told us it was homely, safe and that staff were kind and treated people well.

The service had systems to ensure risks were managed and people were kept safe. Staff had the knowledge and skills to keep people safe from avoidable harm.

People received effective care from a well-supported and trained staff team.

Staff understood the importance of providing person-centred care and treated everyone as individuals, respecting their abilities and promoting independence.

There were enough staff on duty at the right time to enable people to receive care in a timely way. People had opportunity to access a wide range of activities including access to the local community.

Staff had built positive caring relationships with people they supported and their families.

People received personalised care that was responsive to their needs and preferences.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where staff noted a concern they quickly involved healthcare professionals, to achieve positive outcomes for people and reduce any risks.

We received consistently positive feedback about how the service was managed.

A range of checks were completed by staff and the management team to ensure the quality and safety of the service was maintained.

More information is in the full report.

Rating at last inspection: Requires improvement (Report published 04 November 2017). When we last inspected the service, we found the provider was not meeting legal requirements in relation to Safe care and treatment; Safeguarding service users from abuse and improper treatment; Need for consent; and Good Governance. Following that inspection, the provider submitted an action plan telling us how they planned to make improvements for people who used the service. During this inspection, we found the provider had made improvements and was meeting legal requirements.

About the service: Mayfair Residential Home is registered to provide care for up to 45 older people. It is

situated on the promenade close to shops, buses, local amenities and the beach. Some bedrooms have en-suite facilities. There are two communal lounges, a sun lounge and a spacious dining area.

Why we inspected: This was a scheduled inspection based on the previous rating and to check what improvements the provider had made following the previous inspection.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

## 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

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 caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Mayfair Residential Home Limited

## **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 checked 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.

Inspection team: This inspection was carried out by two inspectors.

Service and service type: Mayfair Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager is a registered person. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, the service had a manager who was intending to register with the Care Quality Commission but had not yet begun the process.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we checked information that we already had about the service and completed our planning tool. We looked at notifications from the provider and sought feedback from the commissioning department at the local authority. Notifications are specific events that the provider is required to tell us by law.

During the inspection we spoke with nine people who used the service and two people's relatives. We also spoke with a person who was visiting their friend at the home. We spoke with three care staff, the care manager, training manager and the registered provider. We reviewed three staff recruitment and supervision

records, staff training records, six people's care records, plus an additional four people's medicines records and records related to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- When we last inspected the service, we found the provider had not ensured medicines were managed safely and properly. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). During this inspection, we found improvements had been made and the provider was meeting legal requirements.
- Staff were trained and administered medicines safely. Staff practice was observed to ensure they were competent.
- The provider had introduced daily, weekly and monthly checks on medicines to ensure they were managed safely and properly.
- Medicines records were accurately maintained.
- People could choose to manage their own medicines, if they were able, and were supported to do so.

### Systems and processes

- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The care manager was aware of their responsibility to report concerns to the relevant external agencies.

### Assessing risk, safety monitoring and management

- The service assessed risks to people's safety and well-being. Plans were put in place to lessen risks. This included risks associated with health conditions, mobility and nutrition, for example.
- Staff were familiar with people's needs and plans to manage risk.
- The service had a system to record and analyse any accidents or incidents. This helped to identify and trends or themes. The care manager referred people to external agencies for guidance and support when required.

### Staffing levels

- There were sufficient numbers of staff to meet people's needs. One person told us, "If I press my buzzer, they come quickly." Another said, "There's always carers [staff] nearby. If I press my buzzer, they soon come."
- Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

### Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.

- We observed, and people told us staff practiced good infection control measures.

#### Learning lessons when things go wrong

- The management team reviewed accidents and incidents and, once investigated, put actions in place to minimise future occurrences.
- Discussions took place to make improvements and ensure the service learnt from any incidents that occurred.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- When we last inspected the service, we found the provider had not ensured care was provided only with the consent of people who used the service. Where people lacked capacity to consent, the provider had not acted in accordance with the Mental Capacity Act 2005. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent). Additionally, at the last inspection, we found the provider had not ensured they had lawful authorisation to restrict people's liberty. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safeguarding service users from abuse and improper treatment. During this inspection, we found the provider had made improvements and was meeting legal requirements.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.
- Where people were restricted, the care manager worked with the local authority to seek authorisation for this to ensure it was lawful.

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

- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.

#### Staff skills, knowledge and experience

- People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role. The training manager monitored staff training to ensure it was up to date and effective. People we spoke with told us staff were skilled and competent. One person told us, "No grumbles at all. They're all very good."
- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

#### Supporting people to eat and drink enough with choice in a balanced diet

- We received consistently positive feedback about the meals provided by the service. Comments included, "The food is lovely." And, "The food is beautiful."
- People's dietary needs and preferences were recorded in their care plans.
- People were supported by staff to maintain good nutrition and hydration.
- Where people required their food to be prepared differently, because of medical need or problems with swallowing, this was catered for.

#### Staff providing consistent, effective, timely care within and across organisations

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

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

- People were involved in decisions about the premises and environment; for example, the carpets and decoration of the home and support to make their own room homely with their own belongings.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. There were two lounges, a sun lounge and a spacious dining room which people made use of.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We received consistently positive feedback about the approach of staff and the care and support delivered to people. Comments we received included, "Very good, the staff look after me." And, "I like all the staff. Very, very kind."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.
- People told us, and we observed, staff knew their preferences and used this knowledge to care for them in the way they liked.
- We observed staff treated people with kindness and respect. We witnessed many positive interactions between staff and people they supported.

Supporting people to express their views and be involved in making decisions about their care

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. People told us they were able to influence the care provided to them.
- People said staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required.

Respecting and promoting people's privacy, dignity and independence

- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.
- People's confidentiality was respected and people's care records were kept securely.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, how people preferred to spend their time and whether they had a preferred name.
- People were empowered to have as much control and independence as possible, including in developing care plans.
- The home employed an activities coordinator who worked four days per week. People told us they enjoyed the range of activities on offer which included opportunities to access the community.

### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and satisfaction surveys. We saw the results of the most recent survey were positive.
- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One person said, "If I had a complaint, I would go tell someone. I'm sure they would listen."

### End of life care and support

- People were supported to make decisions about their preferences for end of life care. Staff empowered people and relatives to develop care and treatment plans for end of life care.
- Staff were aware of good practice and guidance around end of life care and understood people's needs, including any religious beliefs and preferences.
- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well.
- External healthcare professionals were involved as appropriate and specialist equipment and medicines were made available to ensure people were comfortable and pain-free.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- When we last inspected the service, we found the provider's systems to assess, monitor and improve the quality of the service provided had not been operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). During this inspection, we found the provider had made improvements and was meeting legal requirements.
- The service was well-organised and there was a clear staffing structure.
- The provider had robust auditing systems for every aspect of the service to ensure they met legal requirements. Audits were also carried out by external consultants to monitor the quality of the service and safety of systems.
- The service had recently implemented an electronic care recording system. This provided a system to store care plans, risk assessments and other important information. The system was also used to record care tasks which had been completed by staff. Management were provided with real-time information on when reviews of risk assessments and care plans were due, what care tasks had been completed and for whom; amongst other information. Management used this information to ensure records were up to date and to monitor staff performance.
- Staff understood their roles and responsibilities and had confidence in the management team.
- There was good communication maintained between the management team and staff.
- Staff felt valued and well-supported by the management team.
- People spoke positively about how the service was managed.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Engaging and involving people using the service, the public and staff

- People and their relatives told us they were encouraged to comment on care plans and feedback to the management team through regular review meetings. People also told us they could simply speak with staff

if there was anything they wished to discuss or change.

- The provider also used satisfaction questionnaires to gain people's views on their experiences of the service. We saw the results of the most recent survey were all positive.
- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

#### Continuous learning and improving care

- The management team were keen to ensure a culture of continuous learning and improvement.
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by asking people about which activities they preferred, what foods they would like to see on the menu and how they would like the home to be decorated.
- The care manager used a range of resources to ensure the service kept up to date with best practice guidance. This included champions who attended forums and brought learning and knowledge back to the service to drive improvements in areas such as infection control and dementia care.

#### Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.